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ABSTRACT

Written by experts in the field of geriatrics, this book is composed of a group of papers. Among the subjects covered in the papers are the news media, the values of the later years, the sciences and aging, and a history of the Home. Several of the articles are written by ministers connected with the religiously oriented facility. Additional papers are by the Governor of Indiana and the compiler, who is director of the Home. (RS)

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GERIATRIC SERVICE AND RESEARCH

Dedicated to More Abundant Living for Older Americans

*Papers Presented at the Dedication of the Geriatric Center of the
Kennedy Memorial Christian Home, Martinsville, Indiana, by:*

JESSIE M. BURKE, *NBA Editor*

JOHN E. HURT, *Board President, Lawyer*

ANDREW C. OFFUTT, M.D., *Indiana State Health Commissioner*

GEORGE E. DAVIS, Ph.D., *Indiana Commission on Aging and the Aged*

J. EDWARD MOSELEY, Litt. D., *Writer*

ORVAL D. PETERSON, D.D., *President Emeritus, NBA*

WILLIAM C. FITCH, *National Council on the Aging*

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*With Two Additional Papers by:*

GOVERNOR MATTHEW E. WELSH

W. DEAN MASON, *Ed. D.*

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# GERIATRIC SERVICE AND RESEARCH

*Papers Presented at the Dedication of the Geriatric Center of the  
Kennedy Memorial Christian Home, Martinsville, Indiana*

Compiled and Edited  
by

*W. Dean Mason, C. D.*



Published by

*Kennedy Memorial Christian Home*

310 W. PIKE STREET  
MARTINSVILLE, INDIANA 46151

1972

**Dr. Donald P. Kent**

To the memory of one who has been a source of inspiration for many of us this volume is dedicated. Those of us who had the opportunity of knowing Donald Kent personally have been saddened by his untimely passing on March 20, 1972. His friendship and counsel have meant much to me during the past 15 years. His leadership at the University level, his guidance as Director of the Office of Aging of the U.S. Department of Health, Education and Welfare, and his wisdom and insights shared through his speaking and writing have challenged us to new heights. I last shared with him around the breakfast table at the White House Conference on Aging on December 2, 1971. He has written his name indelibly on the pages of history through a sincere and understanding concern for all older adults. He was a builder of temples - - to the glory of God and man. - - W. Dean Mason



THE PENNSYLVANIA STATE UNIVERSITY

UNIVERSITY PARK, PENNSYLVANIA 16802

COLLEGE OF THE LIBERAL ARTS

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

October 4, 1967

Dear Dean:

My heartiest congratulations to you and the members of your board. The establishment of a Geriatric Service and Research Unit is another progressive step taken by a home which has consistently pioneered new and better services for older persons. I regret that I cannot be with you at the dedication.

All good wishes for continued success.

Sincerely,



Donald P. Kent  
Chairman

By Way Of Introduction - - - - -

The Kennedy Memorial Christian Home is concerned with geriatric service and research. One of the primary motivational factors bringing about its inception in 1957 was the opportunity to develop cooperative programs of service and research with colleges, universities, voluntary and governmental agencies and organizations.

We have participated in and co-sponsored programs with Indiana University, Purdue University, the State Commission on Aging and other groups.

On October 8, 1967 we dedicated new physical facilities whereby we could more effectively carry out the purpose of making specific contributions to aging and aged through service and research. This million dollar center has helped us "push back horizons" for our older adults.

We were fortunate to have leaders with professional expertise present papers before invited guests each night of our "Dedication Week". It has been my wish to share these papers with my colleagues. Through the generosity of the First National Bank of Martinsville, Indiana this document has been prepared.

I would also like to share with you two additional papers. One was presented by Governor Matthew E. Welsh at the International Convention of the Christian Church (Disciples) at Kansas City, Missouri on October 2, 1961. This was in observance of 75 years of service to the churches by the National Benevolent Association.

The second additional paper is one which I presented at the University of Kentucky on November 11, 1971 on the subject, "Expanding The Knowledge About Aging".

There are many friends along with my own immediate family who constantly assist me in my endeavors to find ways whereby older adults can continue to live abundant lives. I want to express appreciation to my secretary, Mrs. Dorothy Aulby, for her continued efforts in all of the mechanical duties required to produce such documents. I trust that you will find some bit of information that will serve as inspiration as you make your contribution in the areas of geriatrics and gerontology.

W. Dean Mason, Ed.D.  
Martinsville, Indiana  
April 1, 1972



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# Dedication

Geriatric Service and  
Research Unit  
of the

Kennedy Memorial Christian Home

*You Are Cordially Invited To Attend  
The Formal Dedication Services*

*Geriatric Service and Research Unit, Kennedy Memorial Christian Home*

(ALSO OBSERVING THE TENTH ANNIVERSARY OF THE FOUNDING OF THE HOME)

SUNDAY, OCTOBER 8, 1967 — 3:00 P. M.

210 WEST PIKE STREET, MARTINSVILLE, INDIANA

WILLIAM C. FITCH, WASHINGTON, D.C.

DR. ORVAL D. PETERSON, ST. LOUIS, MO.

## DEDICATION WEEK OBSERVANCES — OCTOBER 2 - 9

- |                                                                                                                     |                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| October 2 — Invitational Buffet, 7 p.m.<br>Press, Radio, TV: Jessie M. Burke,<br>St. Louis, Missouri                | October 6 — Invitational Buffet, 7 p.m.<br>Clergy: Dr. J. Edward Moseley,<br>Indianapolis, Indiana    |
| October 3 — Invitational Buffet, 7 p.m.<br>Legal: John E. Hurt,<br>Martinsville, Indiana                            | October 7 — Invitational Buffet, 7 p.m.<br>Home Administrators: William C. Fitch,<br>Washington, D.C. |
| October 4 — Invitational Buffet, 7 p.m.<br>Medical: Andrew C. Offutt, M.D.,<br>Indiana State Health Commissioner    | October 8 — Formal Dedication and Open House<br>3 p.m.<br>William C. Fitch, Dr. Orval D. Peterson     |
| October 5 — Invitational Buffet, 7 p.m.<br>V.I.P. Education: Dr. George E. Davis,<br>Governor's Commission on Aging | October 9 — Semi-Annual Meeting<br>Board of Directors<br>9 p.m.                                       |

Dr. W. Dean Mason, Executive Administrator

## RESEARCH AND SERVICE

The Kennedy Memorial Christian Home has been concerned with programs which might help in the discovery of new approaches to the physiological, sociological and psychological needs of our aging population. From its inception in 1957 it has sought to open doors wherein students and professional persons could have opportunities for becoming involved in research programs.

Our first venture was in cooperation with the Bureau of Studies in Adult Education at Indiana University. Dr. H. Mason Atwood, professor in the Bureau of Studies, led in a training program in the area of group discussion for residents of this facility. We have also cooperated with the Bureau of Studies in their field trips for interns who are working on graduate degrees in adult education.

We have had a cooperative relationship with the recreation department of Indiana University wherein graduate students and senior students in the area of recreation have developed and directed programs in cooperation with the residents of the Home. The latest project was the development of an Institute for Administrative personnel wherein they could discover techniques for the development of educational programs within their Homes.

Dr. Clark Tibbitts and June L. Shmelzer, writing in the February 1965 issue of Welfare In Review state that the area of gerontology is a new and burgeoning field which represents a peculiar amalgam of scientific research and a reformist commitment with the attributes of a major social movement. Gerontology is more than a discipline devoted to understanding aging phenomena and institutional adaptations to varying percentages and problems of the aged; it is also a crusade to help the older person lead a "full life".

The umbrella we call "aging" does include both a discipline and a practice. It is the firm conviction of Dr. W. Dean Mason, Administrator of the Kennedy Memorial Christian Home and the Geriatric Service and Research Unit that we need to combine the efforts of practitioners and research personnel in order that we might break the barrier which encompasses older people in order that they might be able to live full and abundant lives. The field of gerontology embraces both a growing body of information about older people and a wide variety of programs, techniques, and institutional forms and adaptations developed in their behalf. Aging thus connotes both action and research which, perhaps not uniquely, have been growing simultaneously. The area of research as related to our aging population has been divided into two broad categories. These include the biological and the social, each of which is divisible into a number of relatively clear-cut areas. It is agreed by many persons working in this field that many, if not most, of the problems, whether research or application, require a multi-disciplinary approach.

We still know relatively little about the processes of aging, about developmental behavior during the second half of life and about the impact of older people on the organization and institutions of society. Many programs which have been developed in an attempt to meet the needs of older adults appear to be serving their needs. Thus they have survived the lack of a supporting, definitive scientific foundation.

As Dr. Tibbitts states, the demand for scientific basis for action has been steadily growing. Federal and local officials along with private entrepreneurs and representatives of voluntary agencies spending many millions of dollars on housing for the elderly are little short of frantic in their demands for knowledge and guiding

principles. The entire field of health and medical services is another area in which the demand for data has been steadily increasing.

We are seeking to discover new problem-solving techniques within the major action area of aging. Research connotes a variety of methods which are utilized in order to acquire knowledge of the nature, etiology, and consequences of problems and evaluate the efficacy of the solutions devised. Thus, as Dr. Tibbitts has stated on a number of occasions, it becomes apparent that the problems in need of scientific investigation are numerous.

The Geriatric Service and Research Unit of the Kennedy Memorial Christian Home seeks to assist governmental agencies, institutions of higher learning and other voluntary organizations in this area of scientific research and the practical application of projected theories which will be beneficial not only to the older adult but to the student and professional worker who seeks to make a specific contribution in the field of geriatric services and social gerontology.

It is our firm conviction that we can make a contribution that will help the older adult develop functional integrity, personal dignity, independence, sociability, and physical and mental health.

We seek to respond to the challenge of the modern world by offering older adults a place where life can be lived creatively. Students and professionals will find a welcome here as they become involved in programs which help in the discovery of new knowledge and skills so that all people everywhere might have opportunities for a full and abundant life. We recognize that we are dealing with a rapidly changing situation and we are maintaining a dynamic approach to the programs.

W. Dean Mason, Ed.D.

*Geriatric Service and Research -- Our Opportunity Today and Tomorrow*





October 2 — Invitational Buffet, 7 p.m.  
Press, Radio, TV: Jessie M. Burke,  
St. Louis, Missouri

JESSIE M. BURKE

Jessie M. Burke taught in a public school and a church related college before joining the staff of the National Benevolent Association in 1941. She attended the University of Kentucky, Transylvania College and The College of the Bible at Lexington, Kentucky. She is editor of Family Talk, National Journal of the N.B.A. She has been listed in "Who's Who in Commerce and Industry", Who's Who in the Midwest and Who's Who Among American Women.



## The News Media

If I were to give a title to these things that I want to share with you this evening, I believe it would be Christian Hope. There hangs in our NBA Board room at the National Benevolent Association of the Christian Churches Executive Office in St. Louis three beautiful original oil paintings given to us by one of the members of our Board. Our walls were bare and he felt that something unusual should grace them. The first picture done by a commercial artist in St. Louis wherein he took magazines and our materials of the National Benevolent Association home and read them. Within a few weeks he came back with his conception of our ministry to needy children. The interpretation of the picture is found on the back of the reprint. He had Christ in the midst of a group of Children behind an open door and he entitled the picture, The Open Door for Little Children. The same donor said we needed one to depict the work of the aging in which we were involved. So the artist came forth with a picture called, New Life, which showed the first stage of our concept of retirement. Active age creating New Life in the garden and in the background is Christ helping to create new life. Later this same donor said that we had another blank wall, asking what shall we depict? I said I would like to see our ministry to bed-care persons - the shut-ins - the geriatric program that we have developed across the nation. He came forth with this Healing Hand picture. This now hangs in our office. You'll notice the Christ figure has his hand on the hand of the physician, symbolic of our ministry to shut-ins. Those pictures I wanted to share with you and let you know that we have reprints which we would be very happy to send to you.

I would like for us to think tonight about our world which God created. God created it and then He made man in His image to dwell upon the face of the earth. You who are editors, T.V. and radio people, know that without my telling you. You know that there is a gap in God's world between the rich and the poor. And because God made us in His image with a spark of divinity in

our heart that makes us compelled to speak out for Him concerning this global situation at the moment. We need to speak and we need to communicate. Being an editor, as you all would appreciate, I have a few illustrations of God's world which I want us to think about. Then again the global threat that we are concerned about, compassion or destruction, seems to be an immediate choice that faces our world. It seems from the Department of Labor they conclude that no pattern of economic growth would eliminate the sub-employment in the ghettos. I am sure that you have heard this before, and that the gap between the rich and the poor countries has been widening steadily in recent years. Indeed we are told by economists and research people that the annual increase in the incomes per capita in some of the rich countries would continue even though it excelled the total income per capita of the poorer countries in the world. So these two crises threaten to merge into this great global threat of a split between the privileged and the underprivileged and a split between the white and the majority of our world population which is non-white.

So I have an illustration here of the church, the religious voice of our world, and an intangible dollar mark back of the church which starkly calls to our attention to this global threat. That leads me to talk about the three billion people in our world and about two hundred million people in our United States who make up this human enterprise that God wants us to communicate with and on behalf of because the world clamors for the latest news in behalf of human endeavors.

This leads us to think about some areas of the human ministry that many people have expressed as worlds within worlds within God's world. There are several of them I want to list. The World of Religion I would put at the top because it involves giving; it involves living; and it involves serving. Then I would say the second would be a World of Faith; faith in God, faith in man and faith in human endeavors across God's world. Then I would list another the World of Love. You will be thinking about this World of Love this week

so I will not dwell too much upon it only as I face things which follow in a few moments. The World of Education. I don't need to dwell on that. Our institutions of higher learning, our elementary and our secondary schools; we all know what the problem is facing our nation. We know the threats that sweep across our United States at the moment. I don't need to review it for you. The World of Economics - we need to understand as a church, as an individual as a big business enterprise, what our World Economic situation is.

The World of Science and Technology - we're living in an age of precision, and production. I'll move on to another - The World of Leisure and Recreation. And another, The World City. What is the human potential all about in our Alabaster cities dimmed by human tears, dimmed by fog, by drawing boards of planners and dreamers from large and small businesses. I want us to move into our World of Television and radio and press and some of the other things that we are greatly concerned about. But if we were to still think about what is the news from God, what would He have us speak? I'm reminded, as you, that Amos occupied a very great place in our Bible times and study. He was a humble man. He obviously had little education. He was a shepherd and one who prepared the fruit of the Sycamore Tree to be used for food. He wrote some of the finest Hebrew found in our Old Testament. He was a genius in the use of his native tongue, though he was not well educated. He was one of the first so-called literary prophets because some of the other great prophets like Elijah and Elisha had left no written words of what they said in their very important era of time. We learn of them from writings of others but Amos was apparently the first to write his messages for future generations. Amos protested because he found that the people were living high, grabbing everything they could lay their hands on, oppressing the poor and willing to sell the needy for a pair of shoes. Against the king and the people this brave prophet, teacher and preacher spoke out valiantly. He warned them that their material prosperity was about to end in destruction and exile. And his words were true for 60 years later the northern kingdom, the ten tribes of Israel ceased to exist. Today this

great eighth century prophet needs to be restudied with care and with understanding. He knew man could not oppress their fellows and go unpunished. As men oppressed they suffered. Situations change but the basic elements of life as God demands of us does not change. Every age and every generation needs to ponder upon this.

I have a few notes here because I did not want the time to get away from us. I want us to think for a moment about our world of children; just enough to give you a little glimpse of what is a challenge to us in the press and in the radio, and television. God wants all children, the rich and the poor, and every conceivable type and color, the retarded ones, Heaven's special children, He wants. Statistics tell us that 60 thousand of these little children are eligible for adoption living in foster homes. I don't need to tell you in law that it's law entanglements that enmeshes these children; needy because of parental neglect but the law sometimes protects parents who are shifting responsibility. And then statistics further tell us - a New York Welfare Agent estimated that it costs \$50,000 for a child to be kept in a foster home from birth to 18 years of age. If this is Government supported welfare agency money it means that our taxpayers money is being used for this type of care, our church homes and our agencies who are spending that amount and perhaps more. Statistics also tell us that there are about 300,000 children in the United States in foster homes today. Do a little addition and add \$50,000 to that and you get a glimpse of this great dramatic romance that is sweeping our globe, our global world, our world within worlds of a staggering sum of money.

And then we'll move along a little bit more and think about our world of teenagers. More statistics floated my way. There are one hundred million teenagers in the United States or will be by 1975 with a purchasing power of about twelve billion dollars per year. You may rest assured that big business is aware of this, in their engineering, their researching, in their



manufacturing, their marketing, their part in production because this great wave of society will need to have strong beams, lines of operation anywhere on the globe.

What will we as Radio, T.V. and Press people and editors be saying to them as God's latest news? What is it that He wants us as His followers to convey to this restless society? We know that a part of that Society is the miniskirt age, their beards, their long hair, their tight pants, their philosophy of the miniskirt and the beatnik age. But the great civic music production that your city of Martinsville has witnessed from your teenage group, speaks wonderfully well of Martinsville's culture for Christian young people. (My Fair Lady - by High School Music Department). If you witnessed that production you knew that they even were taught to waltz beautifully and artistically - not the modern day type that we see projected so much of this restless age of some of our teenagers with their far out attitudes on life. This young group of teenagers have grown up with T.V., radio and precision production, jet travel and satellite communications and moonshots which are so commonplace to them. But how will the church - how will our radio and T.V. and our press deal with them?

Our World of Aging - Old age cannot be pleasant in extreme poverty. People in the housing world - because it is a big business now - of caring and planning for our old age are trying to make plans in which they look at old age in three phases of retirement. The immediate retirement age - for some are retiring at the ripe young age of 55 and then they are very active for a span of years and then we know that that is what we call active, immediate retirement. Our Homes for Aging in our Protestant and Catholic Charities and in our NBA Homes especially are trying to keep in mind as we research this area of need for the aged and aging.

Our NBA Vice President, Dr. Leslie G. Heuston, is working with research in the planning stage of our Homes and Dr. W. Dean Mason has been projecting the dream, the whispering hope of our Kennedy Memorial Home, that it



would reach out and deal with a program that would be aware of this immediate retirement when they are very active. Then another stage is when they are less active and then there is the inactive element in their retirement years in which they need to learn to make that adjustment of knowing that if they live long enough they will have to adjust to a pattern of congregate living and learn to live with other people. And that is not an easy decision for any of us to make. So we plan - the Kennedy Home has planned it through Dr. Mason and Dr. Heuston - that we give gracious living to the type of elderly who come to us for protection, for security, for safety in their retirement years, regardless of their income. Now our Kennedy Memorial Home is unique in that the residents pay for their full care and some of our benevolent homes are fast coming to that with our Social Security and other income that is given to help toward their cost of care. Let's look at some statistics a moment. We are told that there are presently 19 million people over 65 years of age and that each year about 845,000 more are added and that it is estimated that by 1970, just about three years away, that 20 million people will be 65 or more.

Then another picture I gleaned from statistics, that Social Security payments were paid totaling 20 million this past year. What is the challenge to our radio, to our T. V. and to our press for this vast complex great wave of society. That's our 19 million dollar question tonight. What a wealth of culture, professional experience they still have to contribute to our world society. It's more if they retire at 55, which big business is beginning to look at, that it would be more than a quarter of a century of their professional background and experience that they can still contribute to society and feel they are useful and continue to make a wonderful contribution. We who are in television and radio and press and communications know that we have to zero in. We must get through to people. We're in the communications business. Persons in journalism are communicators, merchants of information. Hopefully there are times when a lot of us just take wings and fly like I am tonight with a little bit of spiritual philosophy woven in. There ought to be times when we rise to true artistry. We try to

be professionals - not just pencil pushers or journeymen or word moun-  
gers. Our central function is to get this vital information through to people - -  
photography, layout, newswriting, our art work, our circulation promotion,  
and all the backdrop furor, are all means to an end. We must keep the  
modes, we must keep the manners, we must keep the techniques, we must  
keep the technologies in proper focus. We speak of it as creating our image  
in whatever we are undertaking to do. But our central task, even as we  
create the image, is to convey information that is significant, that is useful  
and that is meaningful. We who are in this field - there are four steps that  
we keep in mind - the sending, the receiving, the decoding and the reacting  
because in our world of communications, this reacting device is a great  
measure for us to go by, whether it be informational, whether it be persuas-  
ive, whether it be inspirational or other, it takes these four things for us to  
be able to communicate.

It is just not enough to send out reams and reams of printed materials and  
an endless ream of words from platform or over the radio or across our T.V.  
screens in our modern homes throughout our great world. As many of you  
know, the slogan of our St. Louis paper, the Post Dispatch is, "it goes around  
the world every day and comes back to us each morning," and that's true of  
your newspapers wherever they are printed. Our problem is not building up  
a big volume for transmission but it is in breaking through to people. Reac-  
tion is very important because this is the additional step in our true communi-  
cation field. It is a reciprocal matter because it's a two way process. You  
know people have a way of screening out information, they can shift into  
neutral very rapidly, especially in listening to the radio or in turning off the  
television. So our job is to try to keep them from shifting into neutral but  
that we get through to them. Getting into this very private and quiet place  
where they make their great decisions is very important for every individual.  
Competition is great. We know that there is great competition in this world  
of giving. So we must know, and realize, and keep in mind that our communi-  
cations takes place on a much deeper level than language. It is at the heart

level, the feeling level, the depth from within level, that emotional realm of our very being. In fact, we touch the lives of others not only with the words we say but also with our entire personhood of one person communicating with another. If we were to take our communications world apart and put it under the microscope to see what makes it tick it would always be an encounter between individuals right at their eyeball to eyeball level because reason and the glow of the soul has to be the guideline to communicate with that individual. In planning materials for our Christian benevolent program we have felt that the hard sales approach was not essential, that the soft sales technique was better because every story we tell, by the very nature of the work we are engaged in, is a story of some tragedy for the children, some heartbreak. The elderly who have sufficient money sometimes reach a stage in their life when they must have a time and a place where they can still keep their dignity and their individuality amid gracious living. And we, who are in benevolent programs not just of our Christian Church, but the Catholic Charities and all Protestantism, know that out in the midst of this world there are people who care, and care very deeply. I did not want to bring this message to a close tonight without giving us just a little challenge. Perhaps you are familiar with these statistics.

We know that God needs people desperately; somebody, somewhere, everywhere to care what happens to other people who need help. So all ears must be tuned to hear the challenge - to hear that call for help of many kinds. So I wanted to tell you just a few things here that a recent survey made among our health and our welfare and recreation agencies. Our college and university programs, our church organizations, indicate that our nation is full of volunteers, people with hearts that really communicate and care. There are more than 50 million men and women and young people who are giving their valuable time to programs and organizations of institutions and organizations engaged in the humanitarian enterprises and in fund raising needs. It is impossible to put a dollar sign on the vast services of volunteers in our land.

We know from the same statistics that individuals are our nation's major source of philanthropy. By this term philanthropy we mean that it is private, individual giving or persons giving to public charity and welfare rather than this communication of person to person in our midst.

We were told by the Internal Revenue Service, and these are the latest statistics, that are available, that in the year 1964 there were 65 million, 411 thousand persons who filed income tax returns and that 26 million of them filed itemized deductions and these 26 million claimed eight billion, two hundred ninety one million dollars for our public philanthropists and that there were some thirty eight million who chose to use the short simpler form where they did not itemize their deductions. We know that foundations are the greatest largest second source of philanthropy. According to the Foundation Library Center annual report for the year 1965 some 17 thousand grant making foundations contributed about one thousand one hundred and twenty five billions of dollars to all areas of philanthropy. We know that the business firm is the third major source of philanthropy and that preliminary returns from our Internal Revenue Service indicated that corporate giving for the year 1963, which is the latest available data, totaled more than six hundred and fifty six million dollars and it is estimated that corporate giving for 1965, when they have the returns in, will exceed 780 million. Now this private giving for public causes is a great challenge. It includes so many things, your Heart Association, your Cancer Fund, your United Fund Charities, and so many things. We know that American citizens and business firms and foundations contributed more than 11.3 billion dollars to just religious, educational, hospital, health, welfare, recreation and character building and cultural programs according to the estimate of American Association of Fund Raising Council. Now where did this philanthropy dollar go? 49 percent went for religious causes - this world of religion we just touched on briefly; 17 percent went for education; 13 percent went for welfare; and 11 percent for health; 4 percent was paid into these grant making foundations; 4 percent was



paid into civic and cultural blessings for community and two percent for other worthy causes. So in this space age we need to be a new witness to reach every person in God's world. We know that the ever-growing demands of a technological civilization requires skills far beyond the basic literacy if this chain of poverty and hunger is to be broken.

Even though we here tonight can't directly do so much to solve this vast problem of mankind, perhaps our knowledge of some of these facts lifted up here might help us cause other people to take action wherever they would happen to be living at the moment. Each person is important in God's sight. The closing thought I would leave is that you look around your community, your juvenile courts, and study your health and welfare agencies that are placed at strategic spots to undergird and help the vast benevolent program of our churches. I mean any church that has a steeple pointing heavenward and that the cross be the symbol within the heart of our cities be they small or be large for whispering hope. The lessons unheard that unford before us tomorrow and the following day will be the peace that God would have for every human being created in His world of worlds.

Monday, October 2, 1967

## Dedication Week Events for New Kennedy Home Unit Start



Beamed at press, radio and television was Monday night's program at Kennedy Memorial Christian Home, the first of a series scheduled this week in connection with next Sunday's dedication of the Home's new Geriatric Service and Research Unit.

The nightly gatherings for different professional groups each follow a buffet supper in the lounge of the new unit.

Jessie M. Burke of St. Louis, an ordained minister, a former teacher, and now publicity director and editor for the National Benevolent Association of the Christian Church, came from national headquarters in St. Louis as last night's honored guest. She and Dr. W. Dean Mason, administrator of the Home, addressed the guests from the three communications media.

Miss Burke told her audience that the global threats of today are the great gaps between rich and poor and between black and white. She said man is compelled to speak out for compassion or destruction, the choice which faces the world.

She referred to Amos, first of the Bible's literary prophets, who spoke out valiantly, warning against the situations of his day. Quoting statistics as to the needs of today's children, several million of whom are orphaned,

the restless teen-age group which will reach 100,000,000 by 1975, and the world of aging, expected to reach 30,000,000 in three more years—she said all of these provide a challenge to all communications media.

Their central task, she said, is to get the necessary messages of the situations and needs across to people—to convey significant, useful and meaningful information, so that it will touch people at heart level and will cause them to act and cause them to get others to respond.

She was introduced by Dr. Mason who outlined the past and the future goals of the Kennedy Home in its efforts to meet the needs of one of these groups, the aging. The Home, he pointed out, has been concerned with programs which might help in the discovery of new approaches to the physiological, sociological and psychological needs of the aging population. From its inception in 1957 it has sought to open doors wherein students and professional persons could have opportunities for becoming involved in research programs.

He mentioned a venture in cooperation with the Bureau of Studies in Adult Education at Indiana University and of a cooperative relationship with the recreation department of the University wherein graduate students in the area of recreation have developed and directed programs in cooperation with the residents of the Home.

According to Dr. Mason, the Geriatric Service and Research Unit of the Home seeks to assist governmental agencies, institutions of higher learning and other voluntary organizations in this area of scientific research and the practical application of projected theories which will be beneficial not only to the older adult but to the student and professional worker who seeks to make a specific contribution in the field of geriatric services and social gerontology.

"We seek to respond to the challenge of the modern world by offering older adults a place where life can be lived creatively," he concluded. Students and professionals will find a welcome here as they become involved in programs which help in the discovery of new knowledge and skills so that all people everywhere might have opportunities for a full and abundant life. We recognize that we are dealing with a rapidly changing situation and we are maintaining a dynamic approach to the programs."

During the dinner, organ music was provided by Mrs. Lee Brickley, hostess at the Home, while afterward a quartet of Home residents, who sing together regularly, presented two hymns, "Ivory Palaces" and "Lead Me Gently Home." In this group were Mrs. Blanche Warner, Mrs. Beuna Lobdell, Phil Palmer and Richard Fields. Accompanying them at the organ was Mrs. Will Johnson.

At the close of the program Dr. Mason took the guests on a tour of the new unit.

Martinsville Daily Reporter

Martinsville, Indiana



October 3 — Invitational Buffet, 7 p.m.  
Legal: John E. Hurt,  
Martinsville, Indiana

JOHN E. HURT

John E. Hurt received his formal education at Indiana University and Indiana Law School and received his LL.B. degree in 1938, being admitted to the Indiana Bar April 19, 1938. He is actively engaged in the practice of law as the senior member of McNutt, Hurt and Blue with offices in Martinsville and Indianapolis Indiana. In 1952 he was appointed by the Governor of Indiana to serve an interim term as Judge of the Morgan Circuit Court. He is President and Director of the Farmers State Bank, Eminence, Ind.; Director of the First National Bank, Martinsville, Ind.; President of the Nebo Properties and Nebo Memorial Park, Martinsville. He is a trustee and has served as chairman of the Board of the Disciples of Christ Historical Society Nashville, Tennessee; has served as a member of the Board of Directors, chairman of the Building Committee and chairman of the Board of the Kennedy Memorial Christian Home, Martinsville and as a member of the Board of Trustees of the National Benevolent Association.

## The Legal Profession

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The honored guest tonight is Mr. John E. Hurt, lawyer, chairman of the Kennedy Memorial Christian Home Board of Directors, Board of Directors of the National Benevolent Association, St. Louis, Mo.; Board of Directors, Disciples of Christ Historical Society; Trustee of the First Christian Church in Martinsville. We have invited members of the legal profession and some of John's personal friends.

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Dean, I was a little skeptical when your invitation came the other day as the invitation said, Honored Guest, John Hurt. You have honored me on many occasions, Dean, and I do appreciate it. This has been a great experience for me, too.

My friends, you were invited this evening because we're proud of this unit and we wanted you to see and know about it. Actually our real objective is to get you acquainted with the problems of aged in our society. Dean, actually I feel that I am attending a family conference or a law firm meeting here this evening. On those occasions no one pays too much attention to me, but when I look around I am pleased and honored that my associates and their wives, and I am particularly happy that Mary's father and mother, were able to come and also my son, John, who excused himself because he said he had to study this evening for an examination. I know John really wanted to come because it is difficult to get him to go anyplace where he has to put a tie on. He has his tie on tonight so I'm sure he enjoyed coming.

With the exception possibly of the medical profession, as professionals, we lawyers have more contact and render more service to persons in the retirement age than any other profession. Their problems involve their health, their physical and mental well being, their place and method of retirement and all other sorts of problems and questions which they have in their mind. Actually most of us in



the profession are pleased to represent the older people for several reasons. Because of the personal contact - to be in touch with persons who have lived useful lives and people who have acquired property. This is always interesting to lawyers and if they have problems of that kind, we render service and we know that we are contributing something to their happiness and to their welfare and also they are contributing something to our happiness and welfare. So it is a two way street on that basis. Really we want you to know the availability of institutions of this type.

There are many such institutions. Many are philanthropic, many of them sponsored by church-related groups of all faiths. We solicit your consideration and support here at the Kennedy Home. As our society develops, as our economy grows, we will be called upon more and more to the use of facilities like we have here and you as professional people will be consulted not only by the older people but by children, by relatives and persons who have the responsibility of caring for older people, and you will be called upon to give them your advice and your recommendations, many times on where these older people will spend their retirement and final years. So we think, here at the Kennedy Home, that it is imperative that the professions and the people who do come in contact with the older people learn actually something about these institutions that are available today. Actually, this part of the Kennedy Home, the hospital part, is a new field and in our Brotherhood, the Kennedy Home, being a pay-type Home is actually new to our Brotherhood. The Kennedy Home is the first pay-type Home in our Brotherhood. Maybe basically I could explain to you how best we operate by reading to you the purposes, the constitutional purposes of the two organizations, The National Benevolent Association and The Kennedy Memorial Home, to give you some idea of our concept and our purpose and if you will permit me I would like to read one section from our Kennedy Home constitution and Dean, I think you and I are principally responsible for this wording but I think it is something that will give them an idea - I quote, "The objects and purposes of this corporation are: to establish, hold, support, maintain and operate a home for older people, primarily for, but not restricted

to those affiliated with the Christian Churches (Disciples of Christ) and to provide for and carry on such other charitable work in connection therewith as may be necessary or convenient in carrying out the provisions for which this corporation is formed; all the work of the corporation is to be carried on in harmony with the policies and under the supervision of The National Benevolent Association of the Christian Churches (Disciples of Christ). "

The object of the National Benevolent Association shall be to provide for the physical, moral, intellectual and spiritual wants of those who may seek and need its protection and aid, for the attainment of this object, its purposes to establish and maintain Homes, hospitals, training schools and such other institutions or supplementary care as may be conducive to these ends and undertake such other similar work as may from time to time be considered appropriate and desirable.

My first interest and contact with the National Benevolent Association came many years ago when one of our neighbors out at Hall sought admission to the Emily Flinn Home at Marion. At that time I was called upon by the National Benevolent Association - this is a Home that is maintained by the National Benevolent Association and it is a Home that when you enter you give whatever property you may have, if you have property, to the Home and this neighbor of ours went to this Home and lived many years in a very honorable and comfortable condition. When the prospects of a Home of some type developed in Martinsville sometime in 1955 or 1956, Mr. Foshier who was the general counsel and treasurer for the National Benevolent Association, called me and asked me if I would handle the legal matters pertaining to the location of the Home here. I have since served as Attorney for the Kennedy Board and with exception of one year, as Dr. Mason told you, I have continued to be a member of the Board. I don't know whether I'm in my second year, or third year of whatever term it is.

The National Benevolent Association has eight homes for children over the United States and eleven homes for the aged. As a bit of history, which I am sure some

of you know, this Home was formerly the Martinsville Sanitarium. It was owned and operated for many years by the Walter A. Kennedy family, however at the time it was acquired here it was owned by the Charles S. Kennedy Foundation which was a Trust created by the Kennedy family for their son who had been killed some years before in an automobile accident. This Home was formally opened on November 1, 1957 with three residents, two of whom still remain in the Home. During its existence 215 persons have been served by the Home, 168 women and 47 men of which there have been 23 couples. The residents have come to our community from about 20 states. There have been 17 religious groups represented in the residents. Some of our residents each year travel in Europe, in the Middle East and many travel extensively in the States. Each year several of our residents go to Florida or to warmer climates just as they did before they came here. Our residents have complete freedom and independence as long as they do not interfere with the freedom and independence of other residents in the Home. All of our residents continue to have control of their income and property and are free to come and go as they wish. From almost the beginning, we who were around then realized that we must make plans for our residents as they become non-ambulatory and unable to take care of themselves and from almost the beginning we began to hope, plan and scheme for the new Unit which you see tonight. I can remember saying at the earthturning ceremony making a statement on that occasion that our years of frustrations are over but our real problems are just beginning and I am sure that Dr. Mason can verify that statement as daily he faces the problems and the decisions that fall upon his shoulders as this program progresses. He told me just this evening that finally the lights for the halls and corridors have arrived and they are sending seven electricians in here tomorrow to install them. Actually it seems like a dream when we go back a few months and think of our plans and our meeting with the consultants and the people who are working with us trying to get plans approved as I have noted we had to have the approval of the national organization - how we batted back and forth with St. Louis - how we became irritated - how Dr.

Mason and I attended one of the Board meetings out there complaining bitterly because we didn't think they were moving along fast enough and we didn't think they were giving us enough money - letters went back and forth and then in a few months I found out that I was not only fussing with them but I had become a member of their Board, and becoming a member of the Board wasn't enough, I became a member of the Executive Committee of the Board and we were fighting with other groups in other Homes who wanted to build new additions and really it does seem like a dream to come here and see this beautiful place tonight.

This Home is governed by a Board of Directors and these members come from a number of states, we have had representatives here from Michigan, Kentucky, Illinois, Georgia, Ohio and maybe other states, as well as Indiana. We have had at one time serving on this Board a man who was one of the top executives of the A & P Food Chain who since has actually become the President of A & P Food Chain; we have had a man who served on the Board at the time he was the Governor of Indiana and we have had many other fine wonderful professional people who have been very busy and dedicated and have spent much time and effort, in order to make their own contribution to society and this problem of aging. Dr. Mason has served as Administrator. When we were having those preliminary meetings to determine the acceptance of this property, I would like to name another person from Martinsville who was in on those preliminary meetings, Kenneth Watson. They asked Kenny and me what we thought about Dean Mason as being the Administrator of this Home. We said we didn't think Dean Mason was the man for this job. This has been one of the great joys of my life, to see how badly I was proven wrong because Dean Mason has done a great job. I know of no other person who could have done this job.

This Home, as I said, is governed by this local Board of Directors, however our minutes are all sent to St. Louis and are approved by the national group. They have been very cooperative and it has been a joy to work with them even though we have had our problems.



This is a new experience, a new program and a new responsibility. In the inception of the program many persons in the Association as well as persons in the local churches in Morgan County, were very skeptical about the undertaking. They just didn't know whether they wanted this kind of an institution in Martinsville. They didn't know whether they wanted to be responsible or associated with such a new idea and a new philosophy. Actually it was real frightening when we came down here for those early meetings rattling around in that great large building over there. You could hear noises everywhere. Then after we formally opened on November 1 we had three residents and didn't know where any more were coming from, when, where, how or who they were going to be but the National Benevolent Association was willing to underwrite it financially and we were willing to go along and try to do our part. At no time during this whole program, Dr. Peterson, who is President of the NBA, or any of the staff, wavered one moment. This is also true of Dr. Mason and his Board. At all times they had the vision and the fortitude to move along and make the necessary expenditures, incur the necessary obligations in order to fulfill this dream. To us who have been associated with it, and I am sure now, members of the community, we're pleased and proud to tell people over the state or over the country about the Kennedy Home in Martinsville, Indiana. We believe that the eyes of people interested in this kind of service and this kind of a problem are looking to Martinsville and to the Kennedy Home and through Dr. Mason's efforts and other persons associated here we are making national history and we are pleased that you can be here tonight and look it over and understand a little bit about our story.

I am sure that my law partners have wondered from time to time why I was spending so much time here, why I was willing to make trips to St. Louis and any other place that was necessary and why I undertook certain obligations relative to the Home but they have been very loyal and to them I am most appreciative. I hope my contributions here have been something and mean something and have been a factor in the development and the creation of the institution as it now is. Also I am real pleased tonight that a member of the law firm in Indianapolis with

which I am associated is here, Sam and his wife. Sam has been interested in this kind of thing. A couple of years ago as lawyers we worked with Dr. Mason and other groups in the state relative to legislation - to his credit is the fact that we have workable legislation affecting nursing homes. This can be attributed to the efforts of Sam Fuller. It is real nice of you to come down tonight, Sam. I appreciate you all being here and I would like now for Dean to take over. Thank you kindly.

Tuesday, October 3, 1967

## John Hurt, Kennedy Board Head, Speaks to Legal Group



Members of the legal profession and their wives in this area were reminded Tuesday night of the profession's responsibility for becoming better acquainted with the problems of aging people, of the institutions being developed for them and their place in society today.

Speaking to them was John E. Hurt, Martinsville attorney, and chairman of the board of directors of the Kennedy Memorial Christian Home. This was the second of the Dedication Week programs in preparation of the dedicating of the Home's new Geriatric Service and Research Unit Sunday afternoon.

Also speaking following the buffet served in the new lounge was Dr. W. Dean Mason, Home administrator, who explained to the group the purpose of the Home

and new unit, not only in providing a Home for elderly people but carrying on research in the field of gerontology.

Mr. Hurt tried to make his hearers conscious of the fact that more and more they would be called upon to render service to the elderly or their families by recommending and making decisions on how these persons might best spend their retirement. He pointed out that, except for the medical profession, lawyers are in contact with problems of elderly people more than any other profession.

### Tells of History

The speaker also told something of the history of the 10-year-old Kennedy Home, and how it is operated and managed. He said that although it is a Disciples of Christ institution, its articles of incorporation specify that its service is not limited to any denomination. Approximately eighteen denominations have been represented among the residents.

He explained that the Home is governed by a board of directors from Indiana and surrounding states and that it is a national organization in the sense that it serves people from California to the District of Columbia and into the far South. Residents, he said, are free to come and go as they like and many have traveled over the United States and abroad since coming there. Mr. Hurt has been a member of the board for the 10 years since its establishment.

Following the talk the guests were taken on tour of the new unit to the west of the original Home.

Martinsville Daily Reporter,

Martinsville, Indiana



October 4-- Invitational Buffet, 7 p.m.  
Medical: Andrew C. Offutt, M.D.,  
Indiana State Health Commissioner

ANDREW C. OFFUTT, M.D.

5-44 to 12-46; Assistant Medical Training Officer, Surgeon General's Office, Washington, D.C.: Instrumental in the planning for and establishment of programs for graduate medical training. Made hospital inspections with representatives of the medical specialty boards and the American Medical Association, evaluated patient load and the eventual pattern of the residency training program, 1947-48.

February 8, 1951, to present--Indiana State Board of Health. Appointed Director of the Division of Communicable Disease Control, 2-8-51; Transferred to the directorship of the Division of Tuberculosis Control, 7-1-52; Transferred to the directorship of the Bureau of Preventive Medicine, 1-12-53; Assumed position as Secretary of the State Board of Health and State Health Commissioner on 9-1-54. He has been a member of the staff of the Indiana University School of Medicine as Assistant Professor of Public Health since 1954.

Doctor Offutt is the author of numerous publications in technical journals and has written a section for The Environment of Medical Practice for the Year Book Medical Publishers, Inc.

He is Past President of the one-time Middle States Branch of the American Public Health Association and of the Association of State and Territorial Health Officers and Past Chairman of the Ohio River Valley Water Sanitation Commission and of the Indiana Administrative Building Council. He is also Chairman of the Air Pollution Control Board of Indiana, the Stream Pollution Control Board of Indiana, the Radiation Control Advisory Commission for Indiana, the Advisory Hospital and Health Facilities Planning Council, and the State Anatomical Board. He is also Secretary of the Commission on Forensic Sciences, the Indiana Health Facilities Council, and the Hearing Aid Dealer Advisory Committee. He was also a member of the United States delegation to the World Health Assembly in Geneva, Switzerland, in 1964.

Doctor Offutt is a native Hoosier, graduate of Franklin College and the Indiana University School of Medicine. He entered the Regular Army in 1941 and is a graduate of the Medical Field Service School, Carlisle Barracks, Pennsylvania, and the Command and General Staff School, Fort Leavenworth, Kansas.



## OUR CONCERN CONTINUES

It is indeed a pleasure to participate in this significant occasion. This important event of dedication is one which memorializes the current concern of the people of this state. This present attitude is exemplified by this fine organization as it provides a unit toward the solution of one of the most significant and oftentimes perplexing problems of our day.

Health care for the chronically ill and the aging is a major problem of our society today. Modern advances in medicine, science, technology, and improved standards of living have lengthened life expectancy significantly. An increase of 23 years in life expectancy, which has occurred since the turn of the century, gives added meaning to this dedication which we here celebrate. There is founded here a home which will make these extended years of life more pleasant, full, and meaningful.

As a physician whose field of interest lies in public health, we often hear, as you do, that our modern doctors are interested only in parts of people. This misinformation perhaps springs from the fact that modern medicine is often characterized by an upsurge in specialization. While it is true that the major interest of a specialist may lie in an organ or a system of the body, the physician is still interested in the skin and its contents.

This, of course, is especially true of the physician in general practice. However, his interest also lies in the effects

that the environment produces on the human organism. The physician must be concerned with the social problems of our time as they are reflected in our physical well-being. He cannot insulate himself from psychiatric and psychological influences that enter into illness and aging. Today's physician has a better armamentarium than was available not too many years ago; but I am sure that there are many among us, especially those who came from small towns, who recall the doctor was not only the individual who treated your illness but gave you personal advice, served on the school board, and was active in many other community public service functions.

I would be remiss if I didn't ask you to recall that almost everyone is in agreement that in this year of 1967 we live in a youth-oriented society. A large part of our activities and a greater portion of our public-service time is spent in youth programs. Because of our current public orientation to youth, the statement which I am about to make is not one with which popularity contests are won. If you look about you, you will note that our children have nearly all of their planning done for them today. We have little league baseball, all sorts of other organized sports and games, and regimented and predecided activities. I recall reading only recently a query in the local newspaper from a child who pointed out that in his community there were many teen-age programs. The letter was short and to the point and ended up with the question, "What are you going to do for those of us who are under twelve?" I can well remember that as a child I got my ears bashed down a few times for repeatedly asking, "What

can I do today?" I lived with my grandparents, and they took the attitude that they had provided the environment and that I should have the ability to convert it into useful activity. I admit that my interpretation at that day and time was not in these words. I was certainly encouraged to develop my own recreational program.

In my opinion, our modern philosophy toward youth has changed and adults have accepted the responsibility of planning for our young folk and thus robbing them of the opportunity to develop and express their personality through their own inventiveness. It just may be, and I have no way of being sure, but it just may be that some of the problems that we see about us today result from the "benefits" of this overprotective attitude. I do not advocate a laissez-faire philosophy, but I do advocate a program to develop self-reliance and maximum capabilities in both the young and the aged.

I mention this matter of a youth-oriented society as a lead-in to some thoughts about older people. The young people that we see about us today are the managers of our society of tomorrow; and whatever they build, they are going to use the foundation that has already been put down by the older group of people. In spite of the fact that we are a nation of young people and that we are oriented to their welfare and future development, the recent upsurge in our concern for the aged and the chronically ill is a proper pursuit. It is also interesting that it was only a few years ago that a burgeoning interest in the older age group became apparent.

A child who was born in 1900 might be expected, with reasonably good luck, to live to be 47 years of age. Now as you look about you, any one of your friends who is 65 may reasonably expect to live to be 80. In the population of these United States there probably are approximately 17 1/2 million people who are over 65 years of age. There is a large percent of that group over 65 who are over 80 and perhaps 10,000 or 15,000 who are over 100. Of the 17 1/2 million people who are over 65, probably 12 million of them have some kind of chronic illness which affects their livelihood.

It is immediately apparent, however, that not all people over 65 are poverty stricken, not all are suffering from a debilitating illness, and not all have to depend on someone else for their daily activities. The point is that in a youth-oriented society there is still a tremendous number of people who have reached a rather advanced age and who need some help in their day-to-day living. At the same time, we must reckon with the fact that to generalize that all who are aged are dependent is a fallacy which we must not espouse.

Many of you gathered here can recall within your lifetime when the hospitals were burdened by an unfortunate public philosophy. For many years the hospitals lived in the shadow of the reputation that they were the place where you go to die. There were a good many reasons for this public attitude, not the least one of which was the fear of being sick and being away from one's home. Another reason was the trend to treat



patients in their homes until and unless their illness precluded further home care. In the middle or early 40's this philosophy began to change and the hospitals were viewed as a place where the seriously ill would go to recover. It may be that having 11 million young men in the armed forces and teaching them that the prevention of disease and disability is enhanced by seeing your physician and dentist regularly modified our demand for medical care. Because of certain other military constrictions, the hospital became the place not to be feared but one to which the person who was unable to do full military service could be treated. When these young people are returned to our society, it is my opinion that some of these habits formed in the military service remained with them. Perhaps this is a significant factor in the increased demand for hospital services in the last few years.

About ten years ago the State Board of Health took a major step in working with the homes for the aged. This program at the Board of Health did not come like a bolt out of the blue since we had been interested in nursing homes for a number of years before this. For perhaps seven or eight years prior to our official work with homes for the aged we had been interested in and discussing widely a program called, among other things, "Independent Living." Regardless of what the program is called, it is basically a method which will enable individuals who are no longer able to sufficiently take care of themselves in their own homes to have the necessary services provided so that they

can remain in their homes and yet receive the care that they need. We have encouraged the communities in Indiana to mobilize the personnel to provide needed services; we have encouraged the hospitals to do the same as a community service; and we have encouraged the homes for the aged to also make available some of their services in an off-site home care program.

Physicians are frequently accused of not having much concern about elderly people. Such a false assumption has been attributed to many factors, none of which can be substantiated. There are no diseases that are the sole property of the elderly; and, while the most frequently occurring illness among the aged is in the area of the degenerative diseases, physicians still have a tremendous interest in treatment and research in this entire area.

A major factor in the care of the aging has come about with the advent of modern housing and with it the changing of family relationships due to external factors. Time was when the parents or other members of the family became ill they moved into the "home place" and some member of the family took care of them. As our choice of architecture changed and we began to prefer the smaller home with a total utilization of space, no longer were we able to have the ill members of the family return to the family home where they can be cared for. As this subtle change took place and the family unit divided with the children seeking their own smaller home, the large old homes became a problem for aging parents. A significant number of these older people did not need

hospital care but at the same time they were unable to manage a totally independent existence with all the responsibilities that are attendant thereto.

Suddenly it became apparent to most of us that these big old houses, now fallen into disrepair, did not attract young people. The obvious thing happened. We moved our elderly, chronically ill, infirm, and all those who could not "make it alone" into these unacceptable old dwellings. The fallacy of this attitude and its shortcomings were easily identifiable. I think it was during the time that Doctor Mason was Chairman of the Health Facilities Council the whole attitude in Indiana changed, and this is no longer an acceptable method of caring for the aged.

Almost every community in Indiana has a tremendous pressure for hospital beds. Many communities, while they frequently are able to get the money to build a hospital, may find it impossible to continue to staff and operate the institution. We have talked about independent living as a method of relieving pressure on hospital beds, and yet another opportunity is presented which will serve the same purpose. We can relieve the situation by establishing institutions--I use this word with impunity; some people seem to think that the word "institution" has an unkind and impersonal connotation, but it doesn't have such to me--but to have some kind of institution where an individual may receive care outside of the hospital. Both independent living and institutions for out-of-hospital care are not

a panacea for reduction of costs, nor do I offer them as a panacea for medical care needs. The only thing that either or a combination of these programs will do is to provide a part of the medical care system. This approach will give a patient a place where he can receive the kind of care he needs, no more and no less, for a greater or lesser period of time.

Medical care problems, then, are resolved in three steps: First, the acute illness phase which the patient spends in an acute hospital bed. During the time he is in the hospital he shares the expense of all of the services which the hospital must maintain--many of these services which the patient may not require after the third day, if at all--but he must share these expenses as long as he stays in the hospital, which is his rightful responsibility. When his acute illness has responded to treatment, the next step is to move him to another health facility in which care can still be given according to the needs of the patient. Finally, the patient is returned to his home; and in this latter situation he can still receive medical care, as prescribed by his physician. This may be done through a community-oriented health services program operated through the hospital, or through a home for the aged or some other organization established to actually accomplish this service program. I would like to add one word of caution here, however, in that in any event the patient still remains under the care and management of his physician. This system, which I have briefly outlined,



of course, is progressive patient care--providing for the patient's needs, maintaining the physician-patient relationship, and demonstrating that our concern follows the patient through all his progress.

In 1957 when the State Board of Health began its licensure program for health facilities in addition to the hospital licensure program, we found that a good many of these institutions did not recognize that they were an inherent and important part of the available community medical services. In 1957, also, we found a number of certain specific deplorable institutions. In those early years of the program I frequently noted that there were homes which presented themselves for licensure which were little more than human kennels. There were places where elderly parents and grandparents were placed while the family went on vacation. For some reason, which escapes me, grandma doesn't like vacations; and this is perhaps for the same reason that she doesn't like to eat an adequate diet after she gets to be 65. Many of these homes were started quite by accident. They didn't start out to be nursing homes or homes for the aged or health facilities, and they couldn't by any stretch of the imagination be so considered. There were, of course, a good many others that did offer certain health and treatment services. There were some that did not offer medical services but because they recognized a need and felt compassion for those who were alone and handicapped accepted clients for whom they could offer no treatment whatsoever. Changes in the health industry have come about, and

these homes have closed or measured up and are now taking their rightful place in the economy of this country. At the same time they are taking their rightful place in medicine, and homes like the one in which we stand here tonight will make it extremely difficult for those homes which cannot measure up and cannot or will not offer proper services.

In speaking of health facilities, I have specifically avoided reference to the word "competition." I will mention it now, and this will be the last time you'll hear it; because I don't think that competition is the factor that really concerns the excellence of care that is given in an institution. What really concerns us is that as humanity becomes more and more aware of what we might logically expect from modern medical and health facilities, it will, without doubt, purchase the new model; and the old model will disappear from the scene. I have previously from time to time likened this situation to the automotive industry. As long as the old automobile still has some good service in it, it will no doubt be used. There is no doubt that the old model will be purchased because it fills a certain need, and the same situation will apply to a health facility. I do, however, see the rapid decline of the inadequate health facility because of increasing concern for higher standards and more sophisticated care. Facilities like the one we dedicate here which are providing excellent service in attractive surroundings, and as they increase in numbers, will make the older model extremely difficult to provide the necessary services and manpower to operate effectively.

One of the major problems that is faced by those who provide health care--and Doctor Mason is no exception in the operation of this home--is the provision of manpower to do all the things that are necessary. In the early days of Medicare when it was only an item of discussion I happened to be serving on a committee which was considering this matter. The federal attitude at that time was that a health insurance program (Medicare) would produce the money to hire the people needed to provide the service required. My only reply to this proposition was that it didn't make much difference how much money we had if we didn't have the people available to employ. The real problem in 1967 is not that we can't afford to get the people, but it's the fact that properly trained personnel are just not available. I should, of course, mention that I'm not implying that personnel are not available for any price; but I do think that if we began to compete against our neighbors and hire their trained help away from them the total effect on the medical care program would be a trend to certain failure.

One of the things that can be done--and I've been abetted by Doctor Mason and others to do this--is for homes which have the ability to train people to take care of the chronically ill to begin such training programs. I would invite your attention to the fact that I did not say "the aged," I said "the chronically ill"; because health facilities do not serve only the aged. There are other people who require care outside their home and outside the hospital. To provide the basic training that is necessary to care for these people is perhaps one of the

biggest things that is going to come about in this area. Here, again, let me warn you that I am not saying that every nursing home, every home for the aged, and every health facility should set out to be a medical school or a nursing school. I am talking about basic training for basic skills for the fundamental manpower that is needed to take care of the aged and the chronically ill. I feel certain that we're going to see an opportunity presented in this home, as well as in many others, to give people a chance to learn other skills and other practices which they can utilize in the care of the chronically ill and the care of the aging.

I'd like to close with a quotation. I would cite the author, but I have long since forgotten his name if, in truth, I ever did know; but the words themselves are the important thing and not the speaker:

What does it matter what duty  
Falls to the lot of each man?  
Someone has mixed the plaster;  
Someone has carried the stone.  
Neither the man nor the master  
Ever has built anything alone.  
Building a roof from the weather,  
Or building a house for a king;  
It's only by working together  
That man has accomplished anything.

I think that these words are particularly appropriate for this occasion.

3-3-72



Wednesday, October 4, 1967

## Kennedy Home Guests Hear State Health Commissioner



By RUTH COLLIER

"Challenge to the Future in Aging" was the topic for discussion in Wednesday evening's session in the lounge of the new Geriatrics Unit at the Kennedy Memorial Christian Home where members of the medical profession and their wives were guests.

The guest speaker, Dr. Andrew Offutt, state health commissioner of Indiana, spoke first of the doctor of yesterday in contrast with the physician of today. The general practitioner of the past was said to be interested in the skin and its contents, commented Dr. Offutt. He served on all local boards, even the school board, and was expected to give advice on everything including marriage. "Today," stated the speaker, "we live in a youth oriented society. It is true that young people inherit the earth but they inherit only those things laid down by their elders." The children of today, said Dr. Offutt, have all their planning done for them.

On the other hand, he added, 17½ million people in the United States are over 65 years of age, and of this number probably 12 million have some chronic illness which affects their livelihood. There is an increased demand for hospital service.

### Standards Higher

In 1957 the health commissioner became interested in the program of independent living for older people. With the advent of

modern housing, he told the audience, the elderly parents and grandparents cannot be included in the family living. Former homes for the aged have been grossly inadequate. Standards have risen rapidly in recent years until the licensed nursing home or residence home of today is taking its rightful place in society.

Due to the crowded conditions of the modern hospital, three steps for the seriously ill patient were suggested. The first—acute hospitalization; secondly—a move to another health facility and third—return to his own home for care.

The biggest problem today, he believes, is the provision for manpower in order to accomplish what should and could be done in a home like the Kennedy Memorial Christian Home. By training personnel to assist the nurses in taking care of the ill patient it was the speaker's belief that much can be accomplished in the field of gerontology. He also stated the belief that this new concept may produce a forward step in the care of the elderly patient and that a revolution in this field could happen here in Martinsville.

Dr. Offutt closed his remarks with an anonymous quote, "What does it matter what duty falls to the lot of each man? No one does anything alone. It is only by working together that we accomplish anything."

Introducing the speaker was Dr. W. Dean Mason, Kennedy Home administrator.

### Dr. Mason Speaks

In speaking of the concern of the administration in the new approaches to the physiological, sociological and psychological needs of our aging population he quoted from Dr. Clark Tibbitts: "Gerontology is more than a discipline devoted to understanding aging phenomena and institutional adaptations to varying percentages and problems of the aged; it is also a crusade to help the older person lead a full life."

The area of research, said Dr. Mason, is divided in two sections — biological and social. An individual should be considered as a whole being."

It is the administrator's belief that the church has spent too much time and money in building and not enough in trying to find the basic needs of the individual. The problems in the field of gerontology are numerous, he added. With the addition of the new geriatrics unit, he told the medical group, "It is our firm conviction that we can make a contribution that will help the older adult develop functional integrity, personal dignity, independence, sociability and physical and mental health. We seek to respond to the challenge of the modern world by offering older adults a place where life can be lived creatively."

### Taken on Tour

Following the program the guests were conducted on a tour of the new building where many expressed their surprise and pleasure at the attractive and homelike furnishings. In the patients' rooms, French provincial, early American or Far Eastern decor has been used — with the hope of giving the patient, who has lost interest in living, a psychological uplift. The therapy room and special bath are equipped with items designed to contribute to the physical rehabilitation of the patient who will be encouraged to go to the dining room once or twice a day. From this combination lounge and dining room, with its rich red carpet and woodburning fireplace, the patient can look out upon a courtyard which will be landscaped and equipped with a fountain. Colored lights will enhance the beauty of the setting.

Dinner music was provided by Mrs. Lee Brickey, hostess, and the Home quartet, accompanied by Mrs. Will Johnson, sang two numbers.

Martinsville Daily Reporter

Martinsville, Indiana



October 5 — Invitational Buffet, 7 p.m.  
V.I.P. Educator: Dr. George E. Davis,  
Governor's Commission on Aging

#### DR. GEORGE E. DAVIS

Dr. George E. Davis, widely known Hoosier educator, public speaker and author in the field of Gerontology, is Executive Director of the Indiana Commission on Aging and the Aged. He is a professor emeritus of adult education at Purdue University. He was born in Farmersville, Ohio, the son of a Presbyterian minister. He received his bachelor of arts degree in 1917 from the University of Iowa and his master of arts degree from the same University in 1920. After receiving his doctor of philosophy degree from the University of Iowa he came to Purdue as director of teacher licensing and placement. He was promoted to professor of education in 1944 and that same year became director of the office of student affairs. As an avocation in his educational work, Dr. Davis made a special study of the life and works of James Whitcome Riley, and he is known far and wide as one of the best interpreters of the poems of this great Hoosier bard. During his tenure as director of the division of adult education, a program in the field of Gerontology was established. He served as chairman of the Committee on Education for the 1961 White House Conference on Aging.

## THE RELATIONSHIP OF VALUES TO THE LATER YEARS

George E. Davis

In the May 1960 copy of Adult Leadership, the special issue of the Problems of Education for the Aging and the Aged, there is an article entitled, "Education for Aging." In reference to meeting the educational needs of our aging population, this statement appears, "If needs are to be met we should identify, develop and utilize the talents of older people to the maximum consistent with their health and personal interests."

It is likely that the talents of older people cannot be identified through any casual procedure even if the end sought is simply further employment. These talents must be identified as specific abilities for the pursuit of specific undertakings. If the end sought is involvement in Community Service, the identification of talents is much more difficult; for there may be involved in an analysis of one's talents for various forms of Community Service not only the identification of skills that have been developed but of potential skills that have lain dormant but which through education and experience may be developed for Community Service. To an extent this calls for a program of development designated for individuals with a view to their ultimate involvement in programs of Community Service. In the initial stages, however, training programs for groups of people concerned with opportunities for Community Service may establish a background of thinking that relates to further personal and individual analyses of talents that may be put to use in Community Service.

The limitation on opportunities for voluntary community service may stem from a limited knowledge of the talents our older people possess on one hand and on the other hand on their failure to identify the unique roles which older people can play in the community. That these unique roles for older people are well-known, I doubt. I believe a community really interested in providing meaningful activity for older people might well start with trying to compile a listing

of such roles as a necessary preliminary following which the individual talents of older people might be matched with the requirements of various roles for older people. Such an effort to develop a comprehensive list of unique roles which older people can play would do much to help answer the oft repeated question which older people ask, "What can I do?" They want to do something, but they do not know what they can do, nor does anyone else know usually. What's more, they want to do something that has meaning. "Their fear of retirement," says Max Kaplan, "is largely that the rest of the life is rendered meaningless. They want more than just to pass the hours. Centers for the aged might do well, therefore, to avoid the term recreation in their names and to establish a connotation that the centers cover a whole range of services and opportunities; that in these centers of leisure for creative living 'the human organism is involved in an education process-----where our Senior Citizens may become integrated with the community, alerted to new challenges in their later years.'"

Joseph Prendergast, Executive Director of the National Recreation Association referring to Recreation and Education says, "The objective of each is to add new dimensions to living, to open new doors, to increase the capacity for a rich meaningful life." Accepting this objective as a realistic one, I shall make no effort to differentiate between those activities that may be called educational and those that might be called recreational. The end to be sought for the individual is "genuine satisfaction, creative expression and the development of powers."

In the report of a recent Conference on Higher Education there appears this statement, "Values are easy to talk about - - - But they are much more difficult to define. But if education is to play a significant role in helping people meet the challenges of Aging it must concern itself with the establishment of values.

True happiness among older people appears to stem from a life-time of usefulness that extends far beyond the Age of Retirement. Education's concern



for preparing people to meet the crises of the later years may , therefore, properly relate to the establishment of values which brings the individual to the later years with a minimum concern about himself and a major concern about the society of which he is a part and to which he can make his contribution. One who has throughout his life concerned himself with usefulness has warm memories and as T. V. Smith says, "With warm memories, we have meat to eat that mere worldlings know not of."

Max Kaplan says, "The American values are many. We in America as yet have no philosophy of leisure." Bendinger said, "Not a class but a whole society has to be freed of the stern belief in work for salvation's sake, the emphases of its education shifted from training for a livelihood to the view that the aim of education is the wise use of leisure."

The Education System in which our older people got their education did emphasize training for a livelihood and did very little to emphasize the fact that when the period of one's work life has passed, the individual needs to identify himself with activities that reflect a set of values based on service. Desirably he should identify these values long before retirement and accumulate some experience in activities based on these values if he expects to order his life after retirement in relation to such values.

Apparently those older people who have definite functions to fulfill and define roles to play from which to derive personal satisfactions and through which to make some contribution to society are the most content.

In his earlier years, the work life of the individual gives him a sense of purpose and employment. From it he derives status, recognition, social participation and companionship. Family life offers the opportunity of giving and receiving affection. It gives the individual a sense of belonging and of being needed. Through the church, fraternity, civic club, labor union, etc., he makes his contribution to the society in which he lives.

But, changes in our social structure have brought millions of individuals to their later years attempting to live on limited economic resources, bereft of any specific or well-designed status or role in the work world, which had been the focus of their lives for so many years. Family ties have been greatly weakened. There no longer remain firmly established roles to be followed and from which to derive recognition and response as formerly.

It, therefore, becomes necessary for society to devise new patterns for meeting the needs of its older citizens and create roles that will give them a recognized place in the social order. In order to achieve these objectives, we must provide primarily, first - an adequate means of financial security; second - activities that are meaningful and personally gratifying as the work roles and parental roles had been in previous years; and third - the opportunity for the development of personal associations that will take the place of those formerly provided by work, family and other social relationships.

In a report of the Kansas City study of Adult Life entitled, ADULT EDUCATION AND ADULT NEEDS by Havighurst and Orr, there appears this statement, "Adulthood is not all smooth sailing across a well-charted sea with no adventures or mishaps. People do not launch themselves into adulthood with the momentum of their childhood and youth and simply coast along to old age. There are fully as many new problems to solve and new situations to grasp during the adult years as there are during the earlier periods of life. Adulthood has its transition points and its crises. It is a developmental period in almost as complete a sense as childhood and adolescence are developmental periods."

The work role is the principal source of satisfaction and feeling for men and many women in our society. Some women adopt the work role after the age of 50 as a substitute for the mother role but the work role generally lasts only to age 65 or 70 at the most and its rewards fall off after the age of 70 for most people. Consequently it is important in middle age to expand one's interest beyond the work role so as to get satisfaction out of other activities which

formerly came largely through work. This may be done through developing one's leisure activities, or through putting more investment into clubs, church, civic life, homemaking, or friends. The main problem is that of finding sources of self-respect outside of the work role. Americans are so thoroughly work oriented that it is difficult for some of them to achieve self-respect through competence in any other area of life.

Reference has been made in this paper to older people feeling that after retirement the rest of their lives are rendered meaningless. I take it that a meaningless life is one that is no longer a useful one and that conversely a life that is filled with useful activity is a very meaningful one. I, therefore, emphasize the importance of usefulness in the later years. Usefulness to one's self but, still more important, usefulness to society.

Dr. Edward L. Bortz said, "Certainly the solvent older individual who is a contributing rather than a non-contributing member of the community is an asset of first importance." Raymond Moley says, "The best appeal to our Senior Citizens must not be limited to saving their savings but to helping them save themselves." He adds, "One of the most terrible tolls taken is the destruction of the happiness and usefulness of people who are told by society that they are dispensable, when in fact they are possibly abler, wiser, and more capable of productivity than ever before."

Planning for useful activity after retirement precludes your engaging in an activity illustrated by this story. The pastor of our church retired after long years of service. I was commiserating with him about his having to retire and he said, "It's not all bad, George. There are some good things about retirement, too." And then he told me about the minister who was preparing to preach his last sermon. He told a friend that he hoped to make this the best sermon he had ever delivered. He said that when he finished his sermon on that last Sunday morning, he would go to the door and shake hands with the members of the congregation as had been his custom over the past many years

and there would come along that inevitable woman who would look at him and say, "You don't know me," and he would reply, "No, I don't know you and what's more I don't give a damn!"

From the standpoint of good mental hygiene it would appear that most any activity that is not detrimental to one's health would be useful to the individual who has reached the age of retirement. But, I emphasize that type of useful activity designed to be of benefit principally to others. Somebody has said, that the tragedy of age is an awareness of uselessness. The tragedy of aging can be avoided. Uselessness in advanced age does not necessarily have to obtain. To prepare for such usefulness, however, requires some doing. One does not involve one's self in civic affairs, church affairs, political affairs, etc. without some preparation. The person who thinks that on retirement he will immediately evidence a real interest in the civic affairs of his city is not apt to do this at all unless he has previously evidenced an interest in the civic affairs of his city. If he should attempt it after retirement, he would be very apt to be rebuffed rather than welcomed by those charged with civic responsibilities. Whereas, there seems to be some evidence that as one grows older, he gives more attention to spiritual needs than in his earlier years, if he rarely set foot inside a Church before retirement he is not apt to find much comfort in church activities after retirement. You are not apt to write a book you planned to write unless you do some writing before retirement. You are not likely to do any one of a number of things that look attractive to you as post-retirement activities unless you have done some of these things before retirement.

Several years ago I read a story by that prose poet, Arthur Colton, entitled, "Mr. Smedley's Guest". Mr. Smedley, one evening, when the family and servants were gone, dozed in his chair but was suddenly awakened by the entrance of an unbidden guest. For the moment the rich banker was incensed but the stranger was so ingratiating and charming in his manner that Mr. Smedley soon forgot his irritation and found himself engaged with him in the



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most delightful conversation. The guest talked brilliantly and profoundly of many things. Things of which Mr. Smedley had dreamed in his earlier years that he himself would become the master. As the evening wore on the guest spoke of Mr. Smedley's famous book that had captivated the world with its originality felicity, and charm. At first Mr. Smedley demurred saying he could not recall having written such a book but the guest described the book in such detail that it slowly came back to Mr. Smedley's mind and he remembered it in full. The stranger seated himself at the piano and said he was playing one of Mr. Smedley's famous compositions. Again, Mr. Smedley had difficulty in remembering the music but as the guest played on, it all seemed to become familiar once more and he found his whole body attuned to its rhythm. The guest also spoke of the pictures Mr. Smedley had painted and these, too, came back to his memory. As the guest rose to leave, Mr. Smedley expressed his delight in his enchanting company but faltered that he had not quite gotten his name and finally said pointedly, "Who are you?" The guest replied, "I am the man you might have been" and vanished. Mr. Smedley had not during the years done any of these things of which the guest spoke. He had just thought it would be nice to do them. He did not, now near the end of his career, look forward to enjoying these things for he had never accumulated any experience in doing them.

To reach the age of retirement or, even that later part of one's life somewhat shortly prior to retirement, reflecting on the kind of man one might have been must certainly be loaded with remorse. To reach the later years to continue some of these special interests in which one may have accumulated some experience must leave one with little time left for remorse.

In the play, "South Pacific", Captain Brackett said to Emile Debeque, "We are asking you to help us lick the Japs. It is as simple as that. We are against the Japs." To this Debeque responded, "I know what you are against. What are you for?" You must determine the things you are for, having determined

them, the best preparation for useful activity after retirement is simply that of pursuing, during the period of gainful employment, those things which you are for. You can run to retirement or you can run from retirement and which you are apt to do depends, I think, somewhat on the extent to which activities useful to society have occupied your attention. To retire from is tragedy. To retire to may mark the beginning of the most satisfying part of your whole existence.

In Los Angeles is a prosperous retired businessman, a dedicated one-man-army of Careers Unlimited, a volunteer organization devoted to finding jobs for older women. With one paid employee and donated office space in the Fairmount Hotel, a crew of enthusiastic volunteer workers charging no fee whatever, Careers Unlimited places about 600 women - aged 40 to 70 - each year. Businessman, trouble-shooter, promoter and outside-man, Charles Rosenthal, puts in longer and harder hours than he ever did working from which he retired 25 years ago. He loves it.

What this man did in adjusting to retirement has been done by hundreds of others in various ways. They have by no means followed the same pattern of contribution they make to society but significantly they are happy because they are making a contribution to the happiness of others and have, accordingly, determined for themselves what the important and lasting values are that have led them in significant and satisfying ways to the later years.

There is justification for assuming that one of the greatest needs of older persons is to have the opportunity to participate in socially useful activities that are not just busy-work or time-consuming activities. But, the individual's ability to participate in socially useful activities depends somewhat or even largely on his previous involvement in socially useful activities. One does not suddenly identify himself with socially useful activities as soon as he reaches the age of retirement. He does not suddenly identify himself with such activities at any age. If his philosophy of life limits his concern to the gratification

of his own selfish desires, he probably never identifies himself with socially useful activities. If his identification with such activities during the later years appears desirable then provision must be made to involve the individual in them during his earlier and middle years. For, as any skills develop a little at a time, so must one's concern with society be developed gradually and his ability to engage in socially useful activities must be developed gradually. Small achievement here leads to ever larger achievement and experienced participation is necessary background.



Thursday, October 5, 1967

## Dr. Davis Talks on Relating Of Values to Older Years



By RUTH COLLIER

Dr. George E. Davis, executive director of Indiana Commission on Aging and Aged, spoke to club, organizational and educational leaders on "Relationship of Values to the Older Years" following a buffet dinner in the lounge of the new Geriatrics Unit at the Kennedy Memorial Christian Home Thursday evening.

Dr. Davis, who is an authority on gerontology, expressed the belief that the new unit, which will be dedicated Sunday afternoon, is a step in the right direction.

The educator told the group if the needs are to be met in this type of a program the talents of older people should be used. These talents should be identified with the individual's personal interest. Potential talents of the aged may be developed by the workers.

"Older people," said the speaker, "want to do something worthwhile. True happiness among older people appears to stem from a lifetime of usefulness that extends far beyond the age of retirement. Education's concern for preparing people to meet the crisis of the later years may, therefore, properly relate to the establishment of values which brings the individual to the later years with a minimum concern about the society of which he is a part and to which he can make a contribution."

In his earlier years, the work life of the individual gives him a purpose, said the speaker. Changes in the social structure have brought many people to the age of retirement with no available role to play. It is important for the individual to expand his interests outside the work roll so he will have something to fill it after retirement. The fear of retirement to many older persons is that their lives will be rendered useless.

It is important, Dr. Davis told his audience, that one should retire to something and not from something. He gave as an example a retiree, Charles Rosenthal, who conducts a volunteer organization devoted to finding jobs for unemployed women from 40 to 70. By giving happiness to many persons he fulfills his own life.

An individual cannot suddenly become active in civic and church affairs upon retirement if he has never had any experience in these lines. He will not only be unable to contribute anything important but will not be accepted without some experience.

Changes in social structure, continued the educator, have brought millions of individuals to their later years attempting to live on limited incomes.

Family ties have been greatly weakened. It is therefore necessary for society to devise new patterns for meeting the needs of its older citizens and create roles that will give him a recognized place in the social order.

For a successful old age one must determine what he is for and not what he is against, declared Dr. Davis.

Introducing the speaker was Dr. W. Dean Mason, administrator of the Kennedy Memorial Christian Home.

Dr. Mason told the group of the purpose of the new geriatrics unit and what the National Benevolent Association hopes to accomplish here.

"We are dealing with a rapidly changing situation," said Dr. Mason, "and it is the hope that different groups may be able to work together in the study and application of geriatrics."

The administrator also told of the co-operation of Indiana University in this venture.

Following the program the group, which included representatives from I.U., were taken on tour of the building by Dr. Mason who explained the purpose of the equipment.

The Home quartet composed of Miss Virginia Stoltz, Mrs. Blanche Warner, Richard Fields and Phil Palmer, accompanied by Mrs. Bess Johnson, sang. Dinner music was provided by Mrs. Lee Brickey at the organ.

Martinsville Daily Reporter

Martinsville, Indiana



October 6 — Invitational Buffet, 7 p.m.  
Clergy: Dr. J. Edward Moseley,  
Indianapolis, Indiana

Dr. J. Edward Moseley

Feature writer for the National Benevolent Association. Contributing editor and columnist for World Call magazine, international magazine of Disciples of Christ. Editor of Evangelism, quarterly of the Department of Evangelism of the Christian Church (Disciples of Christ). Writer of the column, "By Way of Serendipity" for Discipliana, magazine of the Disciples of Christ Historical Society. Historian and author. His book, The Many Faces of Aging, was published in 1968. Graduate of The University of Chicago with the M.A. degree, he holds the honorary Doctor of Letters degree from Culver-Stockton College.

## The Growing Edge of Aging

By J. Edward Moseley

A little boy once was asked how he liked the new minister of his family's church.

"Oh, all right, I guess," he replied, "but he answers a lot of questions nobody is asking!"

I may be guilty of that tonight, when I make some observations about "The Growing Edge of Aging."

Most Americans do not seem to realize that our nation is in the midst of a "retirement revolution."

"Of all the changes wrought in this revolutionary twentieth century," Robert B. Meyner said, when Governor of New Jersey, "the quiet revolution of a population explosion at the far end of life's cycle may be the most momentous."

The number of persons sixty-five years of age and over has increased in recent years and so has life expectancy.

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An address delivered at dedicatory invitational buffet for the clergy at the Kennedy Memorial Christian Home, Martinsville, Ind., on Friday evening, October 6, 1967.

Dr. Moseley, Indianapolis writer and editor, is a member of the Consultative Committee for the Geriatrics Service and Research Unit of the Kennedy Memorial Christian Home. His latest book, The Many Faces of Aging, will be released next year. He is a regular feature writer for The National Benevolent Association of the Christian Church (Disciples of Christ).

These important facts of our time are causing tremendous changes in our increasingly complex society. This revolution means that many Americans soon -- much sooner than most of us realize -- will spend one-half of their lives in retirement after working one-half of their life span.

The popular assumption is that most older people reside in the fair states of Florida and California. According to the 1960 federal census, the Los Angeles area does have a large proportion of people sixty-five and over, more, in fact, than any state except New York.

When you study a map of the nation with the data spotted in each state's counties, however, you quickly realize how many older people continue to reside in the middle west.

Iowa, for instance, according to a recent report by the U. S. Department of Health, Education, and Welfare, ranks first in the nation in persons over sixty-five. Iowa has 12.6 per cent of its population in this age bracket. The national average is 9.4 per cent.

There are now an estimated 19,500,000, or nearly twenty million Americans sixty-five and over. HEW estimates that by the year 2,000 the number will double over what it was in 1960, making a total of thirty million or more.

Two few churches have accurate, recent surveys revealing the number or proportion of older people in their membership. My inner-city, historic Indianapolis church, according to the last information, obtained in a survey several years ago, had about fifty-five per cent of its membership more than sixty-five years old. Such a survey reveals data that is essential if the church is to program realistically and serve its older membership effectively.



After a recent trip to California, I returned home encouraged about our church's situation. I visited two inner-city Los Angeles churches with seventy and seventy-five per cent of their membership in the sixties and beyond age bracket.

The Kennedy Memorial Christian Home, now celebrating its tenth anniversary, was the first national, pay-type home for older people to operate under auspices of the Christian Churches (Disciples of Christ). It renders a high-type service and shows how the church has become involved existentially in the care of the aging.

The new geriatrics service and research unit of this Kennedy Home will reflect the new awareness of the elderly's needs which increasingly is coming to characterize the National Benevolent Association, the parent organization, and the churches represented. One of the great men of all time, the late Sir Winston Churchill said, "You can measure the civilization of a people by the way they treat their older folks." It is really unnecessary to remind you that this is a far cry from the way the ancient civilizations and people of the New Testament day neglected their elders.

Fortunately, the Kennedy Home is moving now, with the opening of the geriatrics facility, into the growing edge of care and service for older people. Here the concern will be not just with the minority who are sick, but with the larger number who are well and the even greater number who will reach advanced years in the future.

Sometimes we approach care of the aging like the man whose house was on fire. He dashed to the telephone, but first called his insurance agent before thinking to call

the fire department. Really, what good is it to have insurance, adequate housing and income maintenance for old age if you arrive at that state broken and decrepit in body and mentally senile?

Obviously, there should be care for what remains of both body and mind. But the Kennedy Home has lifted our sights to more significant objectives -- health maintenance and preventive medicare so that more of the elderly keep sound bodies and minds. To the degree that this happens here and elsewhere, many of today's pressing socio-economic problems of the aging will face in significance.

I am reminded here of the humorous yet serious remark of a delegate to the first White House Conference on Aging in 1950. He was assigned to the section on financing medical care. Shortly before the conference, his arthritis worsened.

"To hell with financing medical care," he said. "I want to be assigned to some section where I can find out how to get rid of this pain. After that, I think I would be interested in the section on rehabilitation."

In contrast, Dr. Theodore G. Klumpp tells about his Aunt Polly, 88, whose activity pattern was far more than the shortest distance between two chairs. She rode her great-grandson's bicycle. Like him, she fell off and fractured two ribs. She refused medical attention because she was too busy, and, after all, she could strap her own chest.

Such a person proves that it is biologically possible to reach seventy, eighty or more years in robust health and be capable of useful activity. Since this is true,

obviously the greatest challenge in the whole field of aging is to find and identify the factors, and the patterns of living, that are conducive to a vigorous old age and to make such knowledge available to more people for their advanced years.

One of the most important biological principles is that nature tends to eliminate those persons who have relinquished their functional usefulness. The late President John F. Kennedy challenged us when he said, "It is not enough to add years to life; our objective must be to add life to years." This, too, is a growing edge of the aging.

Expanded research, of course, is not in itself a panacea enhancing the physical and mental well-being of the elderly. Ways must be learned to utilize better and apply that which is already known.

Elderly people remain in hospitals more than twice as long as younger people. They visit physicians forty per cent more often. The handicaps from which many older people suffer might have been prevented if the disease or injury had been treated adequately in time.

There are estimated to be more than one million beds for older people in congregate-care complexes. These constitute a major investment of capital and personnel, much of it managed by the voluntary organizations of churches. This massive investment is exceeded only by the federal government's programs of social security and other provisions for the aging.

The Kennedy Home illustrates how facilities for older people are abandoning their isolation from their communities and becoming more involved in a broad community-based program. A physical therapist, for instance, or a director

of crafts and activities, can work and help lift the morale in more than one home during the week. This development of integrating a home's services with other community agencies and programs provides a wide range of more skilled services, utilizing such professional resources of related disciplines, along with the Christian faith, to diagnose and help treat the numerous ills and problems of older people.

Improved services for the aging are demanded by the increased amount of real human need. Take dental care, for instance. A national health survey of the Public Health Service revealed that only 18.8 per cent of persons sixty-five and over had visited a dentist during the year preceding the study compared with 36.5 per cent for the age group 45-64. More than half of the older group had not visited a dentist for five years or more.

Furthermore, a study of the American Dental Association showed that only eight per cent of the population sixty-five and over had no need for dental care other than prophylaxis. The problem of dental care for the aging, you see, is immense, just in terms of the need. It becomes even more complex when you ask how much dental work should be done for an older person. Is it wise, for instance, to repair completely the teeth of a man seventy-five years old?

When the benevolence or welfare program of the church is centered with Christian concern and compassion on the people it seeks to serve, as it should always be, then cooperation and mutual support become the order of the day rather than competition of services and agencies.

The years ahead in creative research and a variety of expanded multiple services for older people can be



as challenging as the exploration of outer space. The measure of affection we have for the older people in our churches and communities will reveal our readiness to change and expand traditional services. In this transition, the homes for the aging should not be the last to change! Certainly the Kennedy Memorial Christian Home under its pace-setting administration is already far out in the lead.

The National Benevolent Association, which owns and operates the Kennedy Home to provide care and services for older people, also has another exciting new program. It provides care and treatment, along with education or training for mentally and/or physically handicapped children and young adults in its Woodhaven Christian Home near Columbia, Missouri.

In a recent address, Dr. Ronald E. Osborn, president-elect of the International Convention of Christian Churches (Disciples of Christ) said, "When my wife and I visited the beautiful new Woodhaven Home, with its superb facilities and expertly planned program, I said to my wife, 'This is the first thing Disciples ever did right.' I overstated the case, but probably not very much. Far too much of our program in the churches has been dedicated but mediocre quite obviously. Perhaps we should attempt fewer things and do them well....may the church not make a greater impact on our mass culture with a few institutions which demonstrate excellence rather than with a host that only profess it?"

Now, thank God, the NBA's inclusive, loving arms of care and concern are much stronger because of this new Kennedy Home facility of service and research. It, too, will develop the highest quality of service and research possible within the limits of available personnel and

funds. The new program here has such potential for good that every Christian who sees the place can raise his head a little higher in tribute to those whose foresight, funds, and abilities are making it possible. Indeed, the NBA's two arms of service, embracing both children and the elderly, now bring the parent organization into proper balance. What a marvelous way in which to celebrate the first ten years of service through this Christian home. The opening of this geriatrics unit places the church, properly, on the real growing edge of the aging.

You may have seen the recent television program on atomic medicine. If so, you were probably as fascinated as I was. Invisible rays of radiation, for instance, can lengthen life as well as destroy it. A broadened use of radioisotopes is on the horizon. Physicians in years ahead will be not only healers but nuclear physicists. Computerized medicine, requiring expensive equipment and skilled personnel, is now a fact and will become more widespread. Geriatrics must confront this two-edged sword of atomic medicine that can harm as well as heal.

In contrast to the size of this new Kennedy Home geriatrics unit, a visitor to the Argonne National Laboratory for atomic research on the edge of Chicago is impressed with the vastness of that tremendous facility. It is so large that it would take a person five weeks to see all of it.

In such a vast enterprise, the casual one-day visitor, as I was, soon forgets much that he sees and hears because his mind expands so rapidly. He is not likely to forget though that an atom is so small that 36 billion billion are needed just to cover the head of a pin. The power of the small atom is unleashed only by a chain reaction.

In 1917, just fifty years ago, two meetings were held in Moscow. At one, the Marxist leaders plotted the revolution that upset the world in ten days. At the other, leaders of the Russian Church discussed a change in the color of clerical robes!

When the church is true to its mission, it must always put needs of people above every other. May the leaders of the emerging Christian Church and this arm of service, the Kennedy Memorial Christian Home, ever realize that the divine power behind them is much greater than the tasks ahead.

Friday, October 6, 1967

## Dr. Mosely Says Home Nears 'Growing Edge' in Aging Care



By RUTH COLLIER

Most Americans do not seem to know that this nation is in the midst of a retirement revolution, Dr. J. Edward Moseley told a group of the ministerial profession Friday evening, following a buffet dinner in the lounge of the new Geriatric Service and Research Unit of the Kennedy Memorial Christian Home.

"These important facts of our times are causing tremendous changes in our increasingly complex society," the speaker added.

Dr. Mosely, feature writer for the National Benevolent Association, will publish a new book in 1968, entitled "The Many Faces of Aging." He is also contributing editor and columnist for World Call Magazine.

The writer told the group that while California and Florida are reputed to be the favorite retirement spots for older people, the greatest number of retired persons live in the Middle West. Iowa ranks first with 12.6 per cent while the national average is 9.6 per cent.

By the year 2000 the number of individuals over 65 years of age will double what it was in 1960, making a total of 30 million or more.

The Kennedy Memorial Christian Home, now celebrating its tenth anniversary, was the first national, pay-type home for older people to operate under the auspices of Christian Churches (Disciples of Christ.) The speaker told the group that the Home here renders a high type service in the care of the aging.

Quoting from Winston Churchill, who said, "You can measure the civilization of a people by the way they treat their older folks," he added, "The Kennedy Home is moving now, with the opening of the geriatrics facilities, into the growing edge of care and service for older people. Here the concern will not be just with the minority who are sick, but with the larger number who are well and even the greater number who will reach advanced years in the future."

Many elders today prove that it is biologically possible to reach 70, 80 or more years in robust health.

On the other hand, elderly persons who are ill, remain in hospitals twice as long as those in middle years. Statistics show that only about half as many elders visit the dentist as those half their age.

"The Kennedy Home," remarked Dr. Moseley, "illustrates how facilities for older people are abandoning their isolation from their communities and becoming more involved in a broad community-based program."

Dr. Mosely closed his remarks by saying, "When the church is true to its mission it must always put needs of people above every other. May the leaders of the emerging Christian Church and this arm of service, the Kennedy Memorial Christian Home, ever realize the divine power behind them is much greater than the tasks ahead."

Dr. W. Dean Mason introduced the speaker and spoke briefly on the purpose of the new geriatrics

unit and what the administration hoped to accomplish here in Martinsville. Taking the group on a tour of the building, he explained the different utilities and their advantages.

During the dinner Mrs. Lee Brickey provided organ music. The Home quartet, accompanied by Mrs. Bess Johnson, sang two numbers which were appreciated by the group.

Martinsville Daily Reporter

Martinsville, Indiana





DR. ORVAL D. PETERSON

Dr. Peterson was born in Spokane, Washington. He attended the University of Oregon, Northwest Christian College (Eugene Bible University) where he received the A.B. and B.D. degrees. He attended Union Theological Seminary and received the honorary Doctor of Divinity degree from Butler University in 1945. He has received the Mark Twain Literary Award and the Eugene Field Society Literature Award. He was pastor of First Christian Church in Yakima, Washington from 1936-1957. He became the first Executive President of the National Benevolent Association of the Christian Church (Disciples of Christ) in 1957. Dr. Peterson has written and published many short stories and articles, and has published three books; among them Stewardship in the Bible, which is in its sixth edition.

## An Overview Of The NBA

Orval D. Peterson

Mrs. Peterson and I are glad to be here because we think of you folks as VIP's and it is a privilege to be here with Mr. Fitch and to see these fine new facilities about which we have been interested and concerned for some time. I am not going to make a formal presentation. I thought perhaps I might just say a word or two to you folk who are administrators about some of the other Homes we have in this family of Homes under the National Benevolent Association of Christian Churches. They are all distinctive, they are all different, and they are all real homes. We hope that none of them will ever become just institutions. They are Homes with various histories and in various areas of the country and, of course, they have a characteristic which is their own, but all born out of the desire to serve the needs of people. I am not going to talk about the childrens Homes. I wish that I could tell you about Woodhaven which is our greatest venture in the children's field - for the mentally retarded, at Columbia, Missouri.

Our interest tonight is in the Kennedy Memorial Christian Home and the field of Aging. This is the only Home of this kind that we have in our family of Homes and we are all very proud of it. We are very, very proud of the work of the Administrator, Dean Mason, who has been the Administrator from the very beginning. Some of us are very familiar with those pioneering efforts when we started with this spa type hotel several years ago. Mr. W. T. Stebbins is the only one here tonight, except the Masons and us, who were in that original group. And so it has grown into what you see now under the inspiration of Dean Mason and the Board with the help of our National Board and the support of many friends. We have other Homes, as I've already indicated, with different types of approach to this particular need. We have, for example, one of our largest Homes for the Aging in California at Rosemead. It is on the outskirts of Los Angeles. It is in the area of smog and fog but still it is a place that fills a great need and is an inspiration to California and out of the inspiration of this Home

has come some other side benefits in the way of other Homes which have been established - not of this sort but retirement centers. For example, Bethany Towers and the Santa Cruz, California and growing out of this other ventures such as some of them are constructing with the inspiration which has come from the beginning of our work and the backing of the Churches and the support of the National Benevolent Association.

In California we have a garden court which is an assembly of cottages for individuals - independent living, but we do have main congregate buildings and just this June we dedicated a main facility building which has a new dining room, new kitchen and other facilities for this Home and we are now struggling with the project of getting facilities together, funds together, for the purpose of building a hi-rise - I shouldn't say a hi-rise - but at least an apartment building. It will not be of the garden court variety but it will be an apartment building.

Down at Edmond, Oklahoma where we have another Home for the Aging, which is one of our newer Homes - it is a little older than this Home - but it is a Home that was built strictly for this ministry. Some of the other Homes have grown up like topsy. We have had to take old facilities and make them into new, for example, this was a Hotel as you know, a spa type hotel. We had a former military academy building in Jacksonville, Florida and it is now a Home for the Aging. In Newton, Kansas we built from the ground up and found this to be an exciting and interesting and worthwhile experience. The Home at Edmond is ten years old and we have 20 cottages in addition to the main building facility and the hospital section. We have cottages over at our Home at Columbia, Missouri. This is a Home which was originally designed for retired ministers and missionaries and full-time Christian workers but we also have lay people there. Just yesterday we looked at a plot plan and are starting the process of approval of a design for the use of ground at Lenoir Home which consists of nearly two hundred acres so that we can ultimately have additional hospital facilities and about 60 cottages and two apartment buildings. But this

is planned for the future as funds are available and this becomes part of our long range plan. Our Homes are each different in their approach to this common desire and need and ministry of serving the aging. This has been, and is, a great experience here at the Kennedy Memorial Christian Home - a delightful atmosphere, a friendly home-like place with concern for each other. This new facility, which you are seeing now, is an expression of a concern and an effort to meet these needs. So I am happy to be here and give you some idea of the eleven Homes for Aging which we have, not to speak about the eight Homes for Children, and then as Dr. Mason has mentioned the project of the 20th Home which is to be built in Washington, Pa. as soon as funds are available.

And so it is a privilege to share with Mr. Fitch and with the rest of you tonight and to bring you the greetings of the National Benevolent Association and to tell you how much we appreciate your presence and how honored we are that you have come tonight to be a part of the Dedication Week activities.





October 7 — Invitational Buffet, 7 p.m.  
Home Administrators: William C. Fitch,  
Washington, D.C.

October 8 — Formal Dedication and Open House  
3 p.m.

*William C.  
Fitch*

Mr. Fitch's professional background includes service in responsible posts with the Social Security Administration for 19 years, and a year spent in Israel on special assignment as Social Insurance Advisor to the National Insurance Institute. He was the first Director of the Special Staff on Aging in the Department of Health, Education, and Welfare, and Staff Director for the 1961 White House Conference on Aging. He served as Executive Director of the National Retired Teachers Association and the American Association of Retired Persons for eight years.

He is on the Executive Committee of the Adult Education Association's Section on Education for Aging.

He is a lecturer, a frequent guest on television and radio, and speaks before national conferences and programs on the problems of older persons. He writes extensively for national publications and appears before many Congressional committees as an authority in the field of aging.

Mr. Fitch served as a communications officer in the Navy during World War II.

Mr. Fitch is a graduate of the College of William and Mary and with Mrs. Fitch resides in Arlington, Virginia.

### A Shared Concern

William C. Fitch

I would like to say that when the possibility of coming here for this dedication was suggested I couldn't help but be very proud of my association with Dean in years past and to know that this was something of which he had dreamed. We have heard so much in the way of words in the field of Aging and when you see it converted to action you know it is a thrill. I think this is what all of us at this particular meeting are sensing but he is talking about the reality of what will be dedicated tomorrow. The thrill is mine to have a part in this because, even though the White House Conference on Aging had a tremendous build-up, most of the recommendations still are to be implemented. I am delighted, though, with the informality of this evening. So often we get up before large groups and then have to stick to printed texts and that sort of thing. I'm going to take advantage of just what you said in talking about some of the experiences we have had, at least where I've seen it as I have been trying to work, some of the frustrations we have had and even some of the concerns we feel at this particular time in our history or at least in the period of aging at this moment.

For the last eight years I have been working as the Executive Director of the Association of Retired Persons. I have had the thrill of watching it grow like you have had here - I think something like 150,000 members when we started out in both groups and now we have about one million, two hundred thousand. People who are dedicated to trying to help themselves and each other. These are people that we have tried to keep from becoming a political force. We want them to be influential people but we would like to have them do it as individuals and on a well informed basis and I think this may be the concern that we have; watching older persons being worked into political pressure groups, or whatever kind of groups who may want to look at them - this becomes a new minority group - I hope not.

But this has been my concern in watching older persons accept responsibility for themselves. We reject the title Senior Citizen - we don't really know what

a Senior Citizen is. We want to talk about responsible people and would like to have a feeling that their lives are being extended so they can be responsible persons without any particular kind of label. I know that legislatively and sometimes in the things that we do we have to put the Senior Citizen label on them, but I would like to do it in quotes. So in working with the groups over the years, we have been trying to first of all provide some kind of services and then we realized that was only a small part of it. We tried to see what we might be able to do to change the image of aging. Up until just a few years back aging was equated with illness and we are always talking about illness instead of degrees of wellness.

We are quite concerned because the public media, the informational media, are always kind of downgrading the older person as someone who didn't continue to have competence. Sometimes these people were only 24 hours older and yet dramatic changes were supposed to have taken place, instead of recognizing them for the skills that they still have. I am sure that this is the reason we have our Pavillion at the World's Fair - our dynamic maturity pavillion, to try to show older persons as contributing individuals rather than people who are on the sidelines waiting.

And then we passed through the stage of trying to tell other people how they should regard older persons. We finally decided that our older people were trying to tell us this all along - that you can't tell people what to think. Older people themselves are going to have to demonstrate what they can do and what we are trying to do right after that, and I think what we are trying to do now, is to show that there is an expected role for older persons to play in our society. They were too willing to be sidetracked, they were too willing to be put aside. I don't think this was their role any longer. And so they have more opportunities for employment - they have more opportunities to choose. We are also saying that there is a responsible role the older persons are expected to play. If we are going to have as many in our society as we can anticipate and we hope we do, I think it would be a tragedy and a tremendous manpower loss if we didn't also find ways in which they could continue to serve. I think this is how

we got involved in our Institute of Lifetime Learning. In their services they traveled around the world and yet when they came back they told us they got tired of being by themselves. There are all kinds of excuses - they are feeling sorry for themselves and I don't quite know how we ran into it but we decided there was a new dimension and this was continuing education for older persons, to update their knowledge, learn new things and even for some learning a skill so that they would be able to go out and supplement their income. We were actually laughed at when we talked about our Institute of Lifetime Learning in Washington - the idea of older people even paying to go back to school again. We can't even get them to go out to adult education programs now, they said. We tried to tell them that they never really offered it on a basis that an older person could accept. First of all, most of the older persons weren't interested in going out at night, and in many places it isn't safe - it certainly isn't in Washington. Not only that, they had facilities that were left over - after the school children were away for the day they had to climb up two and three flights of stairs sometime. They oft times had to fit into benches and chairs that were certainly not designed for older persons. The whole thing was wrong plus the fact that too often many of the adult educators at that time talked down to them. Some of these people have held fine jobs. They were responsible professional people - many of them - and yet they were talked down to as though - as long as we keep them busy for 60 minutes, why that's all you can expect. The adult educator said this is going to be a terribly expensive failure for you. He said, let us make our own mistakes. We think we have something - at least older people have shown us. So we have started out this year in the adult education program, or at least our Institute of Lifetime Learning. I don't know what the current registration is but I know in our Spring session we had 585 students between the ages of 55 and 93. There were professors who had come from the nearby Colleges - kinds of subjects that you and I never dreamed that they would be interested in but they were, psychology, philosophy and languages - beginning or advanced



languages. They want to know all about everything. The interesting thing was the reaction of the professors themselves. They said these are the most challenging classes - more so than the ones on campus, because they are not here for grades, they are not here for certificates, they don't pass or fail in this class. They are here because they want the information we can share. I think they have shown, first of all, that they have not lost their interest or their zest for living - - they can learn. The old story of not teaching an old dog new tricks couldn't be more wrong. The most exciting picture that I have in my mind is the woman who was 83, with her cane, goes into the typing class and puts it down beside her and picks up her beginning typing. I don't think she is going to be anybody's secretary, I don't think this is what she wants to do. But there is another dimension we have overlooked in some of these people. She has probably every good reason to believe that in another couple of years she isn't going to have her sight, but she said, "I'm not going to feel sorry for myself and I'm going to learn to type while I can still communicate and I'm going to continue." You see the same thing in a lip reading class - individuals are not going to lose touch. Not too long ago a friend of mine was watching this class for the first time - he came out with tears in his eyes. Here were about 8 or 10 women in this particular class learning to lip read. The teacher herself had not heard a sound since she was five years old - but to watch this group not feeling sorry for themselves but learning to communicate - they just aren't going to give up.

And so you see a group of wonderful people - we should have known it, and I think most of this group do - but they really had never been given the opportunity and even one other side of it - the commercial refresher course - we have learned that it isn't because a person is old, it's because very often their skills have gotten rusty. When we offered a commercial refresher course they thought, again, this is kind of crazy, no job opportunity for older people. But they have taken their typing and their shorthand and modern business practice. Every single one of these people who wanted a job has been placed and we can't fill the demand for them.

Again proving there is a place and they do a nice job, they don't really compete with others who are looking for a job, they fit in on special times when it is convenient for them. But I think the interesting thing is that they are finding new lives for themselves. They are no longer the drain on their families. And I suppose we get as many reactions from the children in the family - the sons and daughters and even the grandchildren - because they are not waiting for them to come home from their jobs to be entertained. They've got lives of their own. They're busy. They have been able to learn something and communicate.

I know that Earl Kauffman has heard this one - it is our favorite story and the Dean tells it herself. This one day when one of the women - a grandmother in this case - came back from her class on "Behind The Headlines", she was telling all about Vietnam and everything that was going on and little Junior who was about age 13 was just bug-eyed. Here was grandma and she knew more than any one of the parents at this particular point and he didn't say anything then but when they were doing dishes in the kitchen later he said, "You know, that must be a cool school that grandma is going to, she knows so much more than she used to". I'm not sure that it's the coolest school - to some extent it was, but I think this is an illustration of what it means when we find an older person who has found a life of his or her own. I think that we have just begun to realize the potential of programs like this - they will be expanded. We are talking about programs at the University of Michigan and yet I think we need to become involved here as persons responsible for Homes have always had an uncomfortable feeling about the success of some of the things that we have done. The Institute is no different. It's wonderful if they can come there for these classes but we hear from many people in communities around the country but even more pointed letters and calls from people who are in retirement Homes saying, "It isn't possible for us to get there - isn't it possible for one of the teachers to come into our institution. We could very easily get a class together." And I think we should. I think there are many opportunities. I think the cruelest things I know are people who are isolated, many of them because they have disabilities

doesn't mean they turned off their minds. I once knew of a project that was "Come Back Inc." in New York. They tried it one time on educational television - they put television sets in hospitals and nursing homes and retirement homes in the area - but these were people who really could not get out. And they tried to beam programs to them to be kind and helpful - people who had overcome some disability, people who were handicapped but people who were making the most of what they had.

They were a little curious as to who might be listening and watching so they invited them to fill out a card, or at least an application to become a member of their audience, their watching or listening audience. I think something like 600 individuals wrote in almost the next day to show that at long last somebody is aware that "we are still interested, we would like to have somebody still think that we are individuals".

The tragedy is that the program did not go on from that point. This is the unmet challenge that exists in almost every community. None of us have really tapped educational television to the point where we could really do the job with it. I know sometimes we don't have the channels on the sets that are older but I think there is a new hope and a new look in many of the programs that we have made available for the community to try to bring it into the homes such as this.

I was thrilled when I went around this afternoon and saw some of the rooms and some of the facilities. This is just the kind of a place where programs like that could thrive and I'm sure this is true in some of your own homes. Maybe you do have them but I'm not sure that they couldn't actually involve more people or even involve some of the community in coming in. A couple of the Homes that I have been working with are trying to see whether or not they have the classes and invite some of the community to come in and enjoy them. They would like to have some of the people still feel that they are community oriented. I think this is also good business from the standpoint of having the community come in and see your facility and know it and feel comfortable in it. I think this is important.

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The next important thing is to have people get together who are learning together and feel that they are important regardless of age. This again is part of what we are talking about. This is the first time I have had the chance to talk to a group since I shifted over into a new responsibility that is very much in keeping with your own interests. We are talking about our plans and programs right now because my future, even though I will continue to serve as a consultant for these two groups for the next five years I am also going to be working in the field of nursing home convalescent and retirement homes so while we are all in this together - I suppose the challenge is to practice what you preach to the extent that I can and I will and I think we are all going to be working together and certainly there is a need for people who represent the kinds of programs that you are a part of. I don't have to tell you that I think one of the greatest tragedies around the country right now is the status of too many retirement homes and nursing homes. This has been revealed through Medicare. This is one of our greatest concerns at the moment. People are having deductions made from their social security for extended care facilities in many cases where they just don't exist. They do not come up to the standards which have been exposed. I'm not quite sure what the answer is but they know that this is an urgent situation. They are meeting in Washington and Baltimore talking about it - they are talking about many of the other things which have come up in connection with Medicare and so I'm not so sure that all of us are not part of the solution, in terms of what we do or what kinds of influence we can assert.

When I first accepted the invitation to come here I didn't realize I was going to be as closely involved as I feel at the moment. I do know about the facilities that most of you represent here and I do know that you represent pretty much the quality in the field. I am sure you are just as disturbed as I am when you see some of the things that go on in the names of retirement, convalescent or extended care Homes. Just last week I had a chance to talk with Jim Burns, whom some of you know. They are about to publish what they call the Standards in Social Care Institutions. They keep changing the glossery of terms



and I'm not just sure what a Social Care Institution is, but I suppose it is a new look. I think most of us are living right up to the highest standards. It is up to us to exert our influence, our stewardship, if you will, of influence.

There are so many meetings going on right now where they are talking about the older person as a consumer. Betty Furness was at a meeting where we had a chance to meet with her in Washington on the 22nd of September and this group is very much concerned about the older person as a consumer. We know they ave been victimized in many ways, whether it is at the market place or with lending programs. We are concerned about some of the language that creeps into the social security law which makes it necessary for the older person to repay two pints of blood for every one that he uses. For the older person this becomes pretty serious in some cases. But there are little things that go on that kind of creep in - we don't know how they got there but I think it is up to responsible people like ourselves to speak out and make a constructive effort to make the older person a very special kind of invidiasl and give them the same kinds of opportunities that we would give ourselves and any other age group. The people that I know here give an awful good accounting of themselves in the meetings that they attend and I wish that others around the country would follow their example.

SATURDAY, OCTOBER 7

## Home Administrators Hear Speakers, Join In Roundtable Talks

By RUTH COLLIER

Administrators of resident homes were guests Saturday evening for a buffet dinner in the Kennedy Memorial Christian Home and a round table discussion of problems and possibilities of resident homes for the aged.

Dr. Dean Mason, administrator of the resident home in Martinsville, introduced Dr. Orval Peterson, president of the National Benevolent Association, and William C. Fitch, national president of the American Association for the Aged, who led the discussion.

Dr. Peterson praised the Kennedy Home and its administrator, Dr. Mason, and told how impressed he was with the atmosphere of friendliness here. He described the set up of other homes, including a larger one, the California Christian Home at Alhambra, where cottages supplement the main residence.

Dr. Fitch told the group of the work of the American Association of Retired Persons, which has grown tremendously. "Until a few years ago," said Dr. Fitch, "age was associated with illness." The association attempts to show that older persons can be contributors. There is a definite role for the elders to play in our society, continued the speaker, and ways are being found in which they can continue to serve.

Continuing education is a new dimension for the retired person. Former ways have become inadequate.

The educator told of "The School of Life-Time Learning" in Washington, D.C., which now has over 500 students between 55 and 93 years of age. As an example he told of a woman 83 years of age who was learning typing before she loses her eyesight so that if she becomes totally blind she can still type and make a contribution to society.

For older adults unable to come to classes, Mr. Fitch thinks a program should be instituted in which classes can be conducted in retirement homes. One such as the Kennedy Memorial Christian Home would be an ideal place for such a class, said Dr. Fitch, suggesting it would also be good to have people from outside come into these classes so the resident of the Home would feel that he or she is a part of the community.

Dr. Fitch told of an experiment in which 37 older adults were interviewed to take part-time jobs in a department store. Of this number 33 were hired and the following week, 30 more were hired. These older adults were paid during the training period. The store managers were thrilled with the response.

One advantage they found in hiring older persons is that they can work odd hours.

During the discussion Dr. Peterson asked why universities did not offer correspondence courses for elderly persons who could not come to the campus.

Earl Coffman, head of the Council on Aging at the University of Kentucky, responded that the cost so far had been prohibitive. A movement along this line, Dr. Fitch told the group, includes taped radio programs for adult classes. He also told of a program on "Efficient Reading" which was being taken up by a number of individuals and even families in the Washington area.

It was the unanimous opinion of all the administrators attending the session that there was no limit to the possibilities for further education for the elderly adult.

Martinsville Daily Reporter

Martinsville, Indiana

This Is Brotherhood

Orval D. Peterson

Mr. Chairman, Dr. Fiers, Mr. Fitch, Dr. Mason and members of the Home Board and you who have come here as distinguished guests and friends, it is a happy privilege to share with you on this occasion, which of course for the National Benevolent Association, the Kennedy Memorial Christian Home and we believe the Brotherhood, is a historic moment, in the eighty years of our life together in the ministry to aging and to children. And so it is a real privilege to bring greetings on behalf of the other eighteen Homes of the National Benevolent Association family - to bring you the greetings and congratulations of the National Board and all others who have been related to each other in this task which is ours across the Brotherhood in serving these needs. I think of the 2000 or more members of our Family. I think of the between 700 and 1000 members of our staff. I think of those who were out on the forefront of development and the securing of resources and in the study and various other activities that are necessary in order for us to keep abreast of times and to be secure in our responsibilities and to be faithful to our stewardship. On behalf of all of these whose minds and thoughts and attentions are focused here at this place today I bring to you our congratulations and our best wishes for the days ahead.

I felt that this is an expression, along with the other Homes and all of the other enterprises, if they may be so aptly called, of the work of the church as an expression of Brotherhood. The NBA and all of the Homes relating itself in the common cause of the church to all of the other causes in the church, all of us together are a complete and definite dedication and witness to the fact of Brotherhood. So this Home is a further expression, it seems to me, of the church at work in love and compassion. There is current today the argument that the only institution in which the church should be involved, or about which it should be concerned, is the church itself and for many this means the local congregation with its local interests and perhaps a narrowed extension of that

interest to some of the outreach causes to which they may have personal relationships. It was thought at one time that the church was only a house of worship. Now it is a vast plant so far as the local church is concerned, with its program of Christian education, various and sundry activities that give expression to the life of the local church but I want to assure you that it is our conviction that this, too, is the church. That the Church is more than just a house of worship. It is the church in service and in mission and in the extension of its local influence to all phases of human need around the world. You remember that in the Book of Acts, prompted by the Holy Spirit, the disorganized band of Peter's company and his fellowship are transformed into a community; they are transformed into a brotherhood. Very early in the Books of Acts we read the words that they committed themselves or devoted themselves to the Apostles teaching and fellowship and to the breaking of bread and to the prayers, and all who believed were together and had all things in common and they sold their possessions and goods and distributed them to all as any had need. This was an expression in that early church of Brotherhood and this expression found meaning in the activity and action of compassion at work toward the needs of others.

Someone has written a policy statement for the National Council of the Churches of Christ in the U.S.A. as follows: From these common meals and shared resources sprang many deeds of hospitality and service. A Judean tradition of justice and mutuality was given new impetance in human history. While greatly limited by the meager productivity of an agrarian economy - the Christian Church repeatedly over many centuries provoked fresh effort in cloistered and secular movements to bring a remedy to the condition of the poor, the sick, the widowed and the abandoned child. This Home, with its special character, to which we pay tribute to Dr. W. Dean Mason as its first and only administrator and to the Board, and to the efforts of others who have seen the possibilities here and the other of the 19 Homes of the National Benevolent Association are, we believe, a witness not only to the love of Christ, in the world but, I repeat, are a demonstration of the reality of Christian



Brotherhood. Brotherhood says that we are responsible for our brethren. It is a law of Christ that we are to bear one another's burdens and thus fulfill that law of Christ. This Home is a witness to this fact of Brotherhood, the responsibility that we have for others, for our brethren. This Home is a full expression of this fact of our Christian faith, and it is a rather exciting expression, for it is venturing into new paths under the foresightedness of the leadership of this Home. This Home is seeing new opportunities and is leading out in new ways of serving and it will continue to do so, we are confident. We, of the National Benevolent Association, and we are sure of the church and of this Brotherhood of which I speak, think also of the Woodhaven Christian Home for Children, for exceptional children, at Columbia, Missouri, which in itself is also an exciting venture of faith - a new kind of service as we, in this particular area, are attempting to serve the special needs of special children. We have been commended not only by our own hearts and minds and sense of responsibility and consciences in this matter, but by people in these fiends who know and understand the needs.

The same is true of the Kennedy Memorial Christian Home. It will offer a special and peculiar service, we are confident, and it is an exciting venture of faith and we are sure that in the days ahead, in the years ahead, as we look back to the beginning of this ministry, this new institution, these new facilities, that we will say that we told you so - it has come to pass, and it has rendered a larger service than even we can imagine and dream of or anticipate with our limited vision here today. So we have great hopes and aspirations for the future of this Home as it serves and as it advances the service of the church to the aged. And so Brotherhood is all of this. It is the expression that we have found in these 19 Homes for children and the aging and the opportunities to reach out into new fields and new areas of service, to extend our understanding and to accept new responsibilities. This is more than in one Home. Brotherhood is more than one state, one institution or one agency. Brotherhood is an expression of a common bond of faith. This Home is a demonstration of the bond of faith. Though it is

self supporting it could not be here were it not for a living vital relationship with a great Brotherhood and with Brotherhood leaders. It could not be here without the support and the understanding and the sharing of a Brotherhood. Brotherhood is working together in service. This Home will be, and has been, and will continue to be, a demonstration of what we mean by Christian service to people of special needs, the aged. I was here a number of years ago, in fact I have been related to this from the very beginning when it became a gift of the Kennedy family as a memorial. In the beginning when we first dedicated the Home, when we had our dedicatory service in the dining room, I remember the occasion so very well, we were all filled with an emotion of hope and of faith at that time. I told a little story which I want to repeat because it is appropo and applies to the situation and this occasion today.

The story has to do with an incident which is recorded in the biography of Sir Harry Lauder, the great Scotch comedian and singer. He told about his boyhood in his Scotch village which went back into the middle part of the 19th century, before we had electricity. He said it was the custom of the lamp-lighter to go about the streets of their little village and light the lamps one by one. As he would progress down the street, you could see where he had been by the lights that he left burning in his path. And so we are today lighting some lights. I believe this with all of my heart. We have been lighting lights through the 80 years of our NBA history, and today we are turning on another light. We are turning on the light in the field of special service to the aged and the great ministry of the Church of Jesus Christ as we together have been permitted to share in this, have accepted this as a special stewardship and responsibility. We are turning on another light today and in the days ahead you can see where we will have been by the lights we have turned on and this light in a special way of the new geriatric unit of the Kennedy Memorial Christian Home.

### A Brighter Tomorrow for Aging

Mr. Chairman, honored guests, ladies and gentlemen, for me this is an exciting occasion and I am delighted to be able to share in it.

For those who have participated in your program this week, your home and the Geriatric Service and Research Unit must have been a revealing and rewarding experience.

I can think of no better illustration of the subject of my remarks than the role that this home and Center will play in fulfilling the promise of "A Better Tomorrow for Aging."

Having worked in the broad field of aging for almost 28 years, the translation of words into action and generalities into specifics happen all too infrequently. I congratulate all who had the vision, faith and courage to create this Geriatric Service and Research Unit.

It is indeed a direct rebuttal to those who say: "We are drifting into a way of life in which the things that matter are excluded."

Because of the focus of my work on a National basis, I would like to place the tomorrow in aging in a proper perspective with the plans and action that are before the Congress and which eventually will touch the lives of most older persons - wherever they may be living.

It was no surprise to those aware of the developments in aging that Medicare was not and will not be the complete answer to health care. Few pieces of legislation have the scope and magnitude of this program, but many serious problems now confront the Administration and those who would benefit from it. Hundreds of amendments have already been proposed and are now under consideration.

The fantastic increase in medical costs, the high cost of drugs, the need for qualified staff, the shortage of homes such as yours to provide the service authorized under the legislation, are but a few of the immediate barriers to the success of the program.

Just to illustrate the problem of trained and available staff. When Congress extended the Older Americans Act recently, it added a section calling for a study and evaluation of the immediate and foreseeable need for trained personnel to carry out programs related to the objections of the Older Americans Act, and the availability and adequacy of the educational and training resources for persons preparing to work in such programs. On or before March 31, 1968, the Secretary of Health, Education and Welfare shall make a report to the Congress of his findings and recommendations - including specific proposals for legislation to insure that such needs will be met.

Manpower in the Field of Aging Proposal for Scope of Work:

- a. "Who are older Americans?
- b. "What are the characteristics of older Americans?
- c. "What are the needs of older Americans?
- d. "What programs have been initiated to meet the needs of older citizens?
- e. "What is the current supply of manpower working in programs to meet the needs of senior citizens?
- f. "What is the utilization of manpower in the field of aging?
- g. "What is the foreseeable demand for various types of personnel to work in the field of aging?
- h. "What are the training resources for personnel required to meet national needs in the field of aging?
- i. "What is the character of training programs that require governmental support?
- j. "What are the limitations in knowledge as to manpower and the aging population?
- k. "What coordination is required for manpower training programs?"



Your concern and mine must be the source and reliability of the data supplied. The amount of \$300,000 has been earmarked to underwrite the cost of the study.

How the findings of the study will be related to the work you and we are doing is a great national challenge.

Other action items before the Congress:

Older Americans Community Service Corps (Domestic Peace Corps)

Office of Economic Opportunity Advisory Committee on the Elderly Poor

National Consumer Program headed by Betty Furness

Social and Rehabilitation Agency, recently created by the reorganization of the Department of Health, Education and Welfare.

A Proposed White House Conference on Aging in 1970.  
This all adds up to a greater awareness than ever existed that must inevitably add up to a better tomorrow for our aging - that will provide a fitting answer to a letter I received from a Dr. W. W. Peter which I quote:

"Of course it is splendid to smooth our path. We must have a crust of bread and a shelter for our bodies. But what is necessary also is the element of reasonable hope for a better tomorrow as regards the handicaps of body and mind which have accumulated in the aging process. As you so well know, tremendous efforts of many scientists are being put forth to find out what these handicaps are and how they can be lessened if not removed. Please consider it within the scope of your total function to tell us a bit about these efforts and prospects. Thus you will help us pass through another night and face tomorrow."

To Dr. Peterson: I think we can be optimistic and to the many others who are his concern.

Tomorrow for them will be more than bread and shelter. It will be a lengthened life span that will include better health, financial security, adequate housing and home care,

and lastly, added years that will have meaning and purpose in whatever environment he lives. Recreation and Education will reach out to them wherever they are within the community or in homes or institutions.

Tomorrow will not always be out of reach - in reality, we shall be able to say "tomorrow is already here" - a day with independence, dignity and purpose for all older Americans.

To this end, we must each dedicate our time - our talents and our hearts.

SUNDAY, OCTOBER 8

## Geriatrics Unit Dedication Draws 400 to 500 Persons



ORVAL PETERSON

Dedication ceremonies for the new Geriatric Service and Research Unit of the Kennedy Memorial Christian Home drew between 400 and 500 persons to the new center on West Harrison Street Sunday afternoon.

While the dedication was for the entire new structure, which joins the original Kennedy Home, ceremonies took place in the large unfinished second floor section, whose future completion will bring another phase of expansion to the Home's service for elderly persons.

Addressing Sunday's audience were Dr. Orval D. Peterson of St. Louis, executive president of the National Benevolent Association of Christian Churches, through which the local Home operates, and William C. Fitch of Washington, D. C. Mr. Fitch is executive director of national and international relations, American Association of Retired Persons and the National Retired Teachers Association.

John E. Hurt of Martinsville, chairman of the board of directors, presided over the service and introduced board members present, while Dr. W. Dean Mason, Home administrator, in his welcome expressed elation at the completion of the long-time dream of this geriatric unit and his hope that there would come from it discoveries and service which would add to the ease and happiness of older people. He introduced special guests here for the occasion and read excerpts from messages which had poured in in connection with the opening of the unit.

Dr. A. Vale Fiers brought greetings from the International Convention of the Christian Churches.

Dr. Mason served as leader in the responsive service of dedication with the dedicatory prayer by the Rev. Leslie G. Houston, vice president of NBA and its director of research. Keith Sighting of Martinsville sang a solo, "Dedication," accompanied by Mrs. William Reynolds, while Mrs. Will Johnson was accompanist for the Home quartet number, "The Lord Is My Shepherd," and Mrs. Lee Brickey played the organ prelude. The invocation and benediction were given by the Rev. Paul A. Remick, pastor of First Christian Church.

Dr. Peterson, who has been NBA executive president throughout the years of the local Home's existence, spoke on "This Is Brotherhood."

Saying that the NBA's 19 homes for children and the aging had the common cause of witnessing to brotherhood, he pointed to them as expression of the church at work in love and compassion.

Singling out the Kennedy Home's advance move, he called it a "venture of faith" into new paths and opportunities for service. "This Home," he said, "is a demonstration of the bond of faith, a demonstration of what we mean by Christian service to people of special need."

In closing, Dr. Peterson repeated a story he told at the Kennedy Home's dedication 10 years ago, one from the autobiography of Sir Harry Lauder, who told of the rounds of the lamplighter in his Scotch village.

### William C. Fitch

#### Hopes for Tomorrow

Mr. Fitch, who represents various associations in federal and state legislation affecting older Americans, spoke on "A Brighter Tomorrow for Aging," seeing the Kennedy Home playing a major role in bringing this about.

He attempted to place the "tomorrow" in better perspective through plans and acts before Congress which will affect lives of most older persons. Since Medicare, not a complete answer, high costs have brought many new problems, and amendments are already being proposed.

He pointed to the Older Americans Act Amendment of 1967 calling for an administration on aging to carry out a study and evaluation of the need for trained manpower in the field of aging, with a report due to Congress and the President by March 1968. The field of personnel such as physicians, educators, architects and endless others is so vast, he commented, that "your concern and mine must be for the reliability of data" that is supplied, of necessity, in such a short time.

#### Service Program

Other matters before Congress he described as the Older Americans Amendment Service Program, a domestic peace corps, with paid volunteers, giving opportunity for older persons to keep involved. He expressed concern over the exploiting of older people in the marketplace.

In reading a response to a letter of inquiry from an elderly person, he said that tomorrow will bring more than bread and shelter—a lengthened life span that will include better health, financial and other added security, recreation and education. "Tomorrow," he said, "is already here; a day with independence, dignity and purpose for all older Americans."

After the program guests were served punch and cookies by the Crusaders Class of the Christian Church, with Christian churches of the county providing many of the cookies. High school young people helped show the guests about the building.

Today began the move to transfer 16 persons from their old quarters into the new geriatric unit.



WILLIAM C. FITCH

PRAYER OF DEDICATION  
KENNEDY MEMORIAL CHRISTIAN HOME

OCTOBER 8, 1967

The Rev. Leslie G. Heuston

Vice President-National Director of Research NBA

Our Father God, we acknowledge Thee as the prompter, sustainer, inspirer, and redeemer of human life, even as Thou art the prompter of all life and the earth on which we live.

We thank Thee for the human life-cycle - birth, childhood, youth, early, middle, and later maturity, and immortality. Help us to give personal testimony to-day to the adventures we have observed or experienced in all life's spectrum, particularly those of later maturity.

Thou has taught us through Thy Son and through our common experiences that persons are potentially wondrous in creativity, sharing, kindness, and courage. Even pain, suffering, and death provide positive values for our lives. Thou hast taught us as well that man does not live by bread alone, that his greatest needs and fulfillment lie in the realm of the human spirit.

Today we come to present unto Thee this geriatric facility and the intended program to be housed here, as the gifts, work, and intention of us all, with the specific petition that they be sanctified by Thee for the happiness and well-being of those who will live here. May these gifts, work, and program intention be presented in the spirit of the first gift to the Home (in memory of Charles Stephen Kennedy).

If this work is sincere and pertinent, and is pleasing unto Thee may Thy Presence abide here to inspire, challenge, and sustain the residents, the administration and staff, the board members, the relatives, the National Benevolent Association, and the Christian Church of which we are a part.

May the residents find here a Christian fellowship and service sensitive to and helpful in fulfilling each person's aspirations and needs. May each person be encouraged to participate in developing this fellowship and service according to his ability.

May the geriatric research and care done here explore and utilize the potential healing and rehabilitative powers residing in the mind, spirit, and body of each resident here and in Thy protective Presence.

Above all, may the Christ whom we serve and the God in whom we live, and move, and have our being be honored by what is done here.

In the name of Jesus Christ our Lord, Amen.



Greetings From The International Convention of the Christian  
Churches (Disciples of Christ)

- - Dr. A. Dale Fiers

Mr. Chairman, Dr. Peterson, Dr. Mason, Members of the Kennedy Memorial Family, Guests and Friends - It is a very great honor indeed to have the privilege of representing the International Convention of Christian Churches, Disciples of Christ, on this occasion. The International Convention is a fellowship of some 8000 Disciple Churches across the United States and Canada and on the Mission Fields across the world, some two million members of us. It is comprised of 21 agencies that have grown up across the years in response to human needs on every front of the church's mission. Among the most distinguished of those agencies is the National Benevolent Association which has ministered on the very front lines of benevolence in response to growing and changing needs for more than eight decades. It is my happy privilege then to bring to you Dr. Peterson and the National Board of the National Benevolent Association and to you Dr. Mason and the Board of the Kennedy Memorial Home the sincere congratulations and best wishes of the Disciples of Christ through the International Convention and all of the agencies and the relationships that are a part of it. As we bring our congratulations to you and our wishes for success we would also bring to you our commitment of fellowship and of love with our pledge to lend every help that we possibly can as you seek to fulfill the ministry for which these wonderful new facilities are built and to be dedicated this day. We are so committed to this, in fact we might even go so far as to give you notification of our preliminary application some day to join your family.

# Dedication

Geriatric Service and  
Research Unit  
of the

Observing the Tenth Anniversary  
of the Founding of the Home.

Dedication Week Services,  
October 2 through 7.

Formal Dedication,  
Sunday, October 8, 1967.

## Kennedy Memorial Christian Home

210 West Pike Street  
Martinsville, Indiana

WE ARE GRATEFUL that during the 10th Anniversary of the founding of the Kennedy Memorial Christian Home we can formally dedicate the Geriatric Service and Research Unit. The Kennedy Memorial Christian Home was presented to the National Benevolent Association of the Christian Churches on May 15, 1957, in loving memory of Charles Stephen Kennedy. The first residents entered the Home on November 1, 1957. Two of these three persons are still residents and will be receiving the benefits of this new building. These ladies are Mrs. Lulu Martin and Mrs. Alden Hadley. The Kennedy Memorial Christian Home was dedicated on November 1, 1957.

THE completion of the Geriatric Service and Research Unit is evidence of our concern for a total ministry to the total needs of aged persons. We are grateful to the NBA for its leaders who have dreamed with us, to the members of our Board of Directors through the past ten years who have been willing to move forward with vision, to our staff members who have made this ministry possible, to the many persons who have and do make up our family group, to professional leaders and agencies who have cooperated with us in order that we might project programs of worth in the area of geriatrics and social gerontology.

SINCE we opened our doors in 1957 we have served 214 persons who have come to us from 21 states and have represented 17 religious groups. The Kennedy Home seeks to respond to the challenge of our present day world by offering older adults a place where life can be lived creatively. The Geriatrics Service and Research Unit will seek to bring comfort, health and new knowledge to this area of social concern so that older persons might have opportunities for a full and abundant life.



DR. W. DEAN MASON

Dr. W. Dean Mason  
Executive Administrator

# SERVICE OF DEDICATION

Sunday, October 8, 1967, 3:00 p.m.

JOHN E. HURT, Chairman, Board of Directors, *Presiding*

The Organ Prelude

Mrs. Lee Brickey

The Prayer of Invocation The Rev. Victor Raphael, Chaplain, Kennedy Memorial Christian Home

Hymn "All Things Are Thine; No Gift Have We"

All things are Thine; no gift have we,  
Lord of all gifts, to offer Thee.  
And hence with grateful hearts today  
Thine own before Thy feet we lay.

Thy will was in the builder's thought;  
Thy hand un-seen a-midst us wrought;  
Through mortal motive, scheme and plan,  
Thy wise eternal purpose ran.

In weakness and in want we call  
On Thee for whom the heavens are small;  
Thy glory is Thy children's good  
Thy joy Thy tender Fatherhood.

O Father, deign these walls to bless;  
Fill with Thy love their emptiness;  
And let their door a gateway be  
To lead us from ourselves to Thee. Amen

Welcome

Introductions

Greetings

James Gardner

Mayor, City of Martinsville

Dr. A. Dale Fiers

International Convention of the Christian Churches

Address "This Is Brotherhood"

Dr. Orval D. Peterson, President,  
National Benevolent Association of the Christian Churches

Musical Selection

Home Quartette "The Lord Is My Shepherd"

Mrs. Beuna Lobdell, Mrs. Blanche Warner  
Mrs. Phil Palmer, Mr. Richard Fields

Address "A Brighter Tomorrow For Aging"

William C. Fitch, Executive Director,  
National Association of Retired Persons

Act of Dedication

Dr. W. Dean Mason

**Leader:** We are here assembled today to set aside this building for the service of mankind to dedicate this Geriatric Service and Research Unit of the Kennedy Memorial Christian Home to the glory of God and the furtherance of His Kingdom. We recall the words of our Master when He said "Inasmuch as ye have done it unto one of the least of these, my brethren, ye have done it unto me."

**People:** Keep us mindful, O God.

*Leader:* Of our mutual responsibility for the care and protection of our aging brethren in Christ.

*People:* Keep us mindful, O God.

*Leader:* That this building is dedicated to the fulfillment of the Christian message which assures that all persons have opportunities to live an abundant life.

*People:* We thank Thee, O God.

*Leader:* For Christian personality, the most precious treasure of the Kingdom of God; that those who are served in this building may always receive Christian care.

*People:* We dedicate this Geriatric Service and Research Unit.

*Leader:* That we may continue to give evidence to all people that we do love our brethren and possess a burning desire to practice pure and undefiled religion.

*People:* We dedicate this Geriatric Service and Research Unit.

*Leader:* To the alleviation of human suffering that the compassionate love of Christ might be felt in the later years of life.

*People:* We dedicate this Geriatric Service and Research Unit.

*Leader:* That students and professionals might here find opportunities to help in the discovery of new knowledge and skills so that all people everywhere might have opportunities for a full and complete life.

*People:* We dedicate this Geriatric Service and Research Unit.

*Leader:* We dedicate this building to the glory of God committing to His loving care all who shall be touched by its ministry of mercy.

*People:* Have Thou respect unto the prayer of Thy servant, O Lord my God, which Thy servant prayeth before Thee today; that Thine eyes may be opened toward us night and day.

*Leader:* We dedicate this building that the later years of life for those who dwell here shall be filled with security, comfort and a brighter tomorrow.

*People:* I am come that your joy might be full.

*Leader:* We dedicate this building to the purpose of showing all people that the light of God is glorious in the evening time.

*People:* My presence shall go with thee and I will give thee rest.

*Leader and People:* We dedicate ourselves anew to that service of our fellowmen wherein can best be performed our true service to God, in obedience to the spirit of the Master. We dedicate this building to the glory of God and the service of His people, in the name of Jesus Christ our Lord.

Prayer of Dedication

The Rev. Leslie G. Heuston,  
Vice President NBA-National Director of Research

Solo "Dedication"

Keith Sighting, Choir Director,  
First Baptist Church, Martinsville, Indiana

Benediction

The Rev. Paul A. Remick,  
Minister: First Christian Church Martinsville

Prayer Response

Home Quartet

The Postlude



## THESE PEACEFUL DAYS AT KENNEDY HOME

The gold of jonquils' early, cheerful mood  
Creeps gently to my restless, wailing heart,  
Where valley lilies, sweet and pure, intrude  
Their matchless chastity with quiet art.  
With patience I await the tulip days  
When all along my walk they come to bloom,  
And send their beauty in quick, silent ways  
Into my soul, where lies receptive room.  
I do not know the raucous earthly sounds . . .  
The blare of some impulsive auto horn,  
The beat of drums or bell's repeated rounds  
Upon the air at night or early morn . . .  
For life, intriqued by Spring's be-flowered  
grounds  
Knows peace and gracious beauty, newly born.

### About the Author

Esie Pearl Oliver became a resident of the Kennedy Memorial Christian Home on May 18, 1959. This poem was taken from her book "My Pearls" published in December 1960 while she was a resident of the Home. This book is dedicated to Greenwood Friends and Friends in the Kennedy Memorial Christian Home at Martinsville, Indiana. We are happy that Miss Oliver will be able to enjoy the fine facilities which we are dedicating.

**MEMORIAL GIFTS**—We are grateful for those who have presented monetary gifts to be used to help purchase furnishings for the Geriatric Unit.

Children in Memory of  
Stewart Campbell  
Mrs. Frances Ekstam  
In Memory of Charles A. Clark  
Mr. and Mrs. Emil Hadley  
Mrs. Lelia Harrington  
Mrs. Helen Hazelett  
Mrs. George Holland, Jr.  
In Memory of Frank T. Smith  
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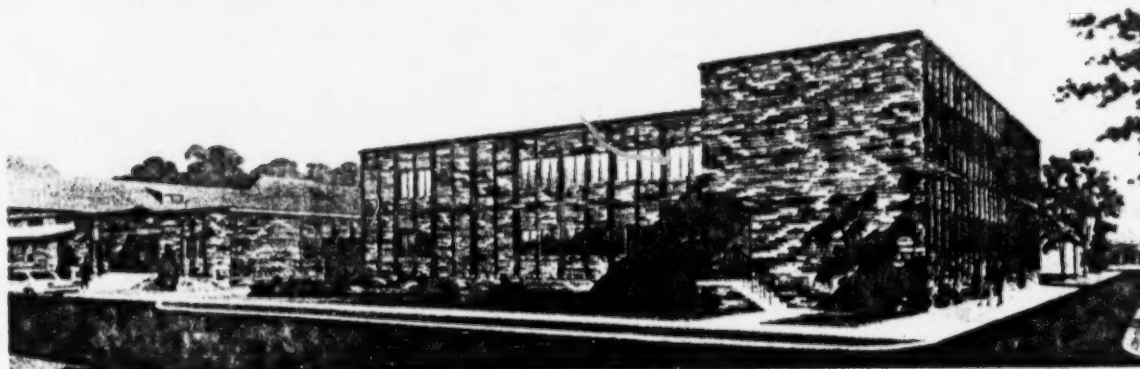
## OPEN HOUSE AND REFRESHMENTS

You are cordially invited to visit throughout the Geriatric Unit and the Residential Home and to enjoy the refreshments served by members of the Crusaders Class of First Christian Church in Martinsville and prepared by the ladies of the Christian Churches in Morgan County.

# THE CHRISTIAN

October 1, 1967

INTERNATIONAL WEEKLY OF THE CHRISTIAN CHURCHES (DISCIPLES OF CHRIST)



**DEDICATION THIS WEEK.** Dedication services will be held this week for the two-story Geriatric Service and Research unit at the Kennedy Memorial Christian Home in Martinsville, Ind., which has cost \$642,928 plus \$40,000 for furnishings and equipment. The second floor will be completed when more funds are available. The completed structure includes a clinical section with doctors' offices, examination and treatment room, x-ray, laboratory, physical therapy, administrative offices, conferences rooms and library, patient rooms and service areas. Speakers for the formal dedication scheduled for Sunday afternoon, Oct. 8, will be Orval D. Peterson, president of the National Benevolent Association; and William C. Fitch, executive director of the Administration on Aging in Washington, D.C. W. Dean Mason is administrator of the Home.

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Tuesday, October 3, 1967

## Martinsville Daily Reporter

WILBER L. KENDALL, Publisher; W. BARTON CARTMEL, Advertising Manager; ROBERT S. KENDALL, Editor

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**UNITED STATES CITIZENS PLEDGE OF ALLEGIANCE—**I pledge allegiance to the Flag of the United States of America and to the Republic for which it stands; one nation, under God, indivisible, with liberty and justice for all.

## Editorial Comment

### SERVICE TO EVERYONE

Everybody gets old, or wants to; so nobody can say he's uninterested or unconcerned in what's going on at the Kennedy Memorial Christian Home here.

With the completion of their new geriatrics unit, Dean Mason and his staff at the home are attempting to make Browning's vision of the last of life a reality, the best yet to be "for which the first was made."

Far more important than an indefinite prolongation of eating and breathing is the

improvement of old age's quality, and it is this goal that has been the Kennedy Home's aim since its founding.

The geriatrics research unit offers to various professional disciplines a chance to learn more about the aging process itself, which is a very great mystery.

If Martinsville can supply even a little light on this mystery, it could become a seat of learning more important than any of the great academic communities on earth, since all of mankind's learning so far has left old age not a whit less puzzling.

## NBA's 75th ANNIVERSARY

1887 1962



GOVERNOR MATTHEW E. WELSH

Matthew E. Welsh was elected Governor of the State of Indiana in 1961. He was born in Vincennes, Ind., received a B.S. degree from the University of Pa. in 1934 and received a J.D. at the University of Chicago in 1937. He was a student at the University of Indiana from 1934 through 1936. He was admitted to the Indiana Bar in 1937; served as U.S. Attorney for the Southern District of Indiana 1950-51; represented Knox County Indiana in the State General Assembly 1941-43; State Senator from Knox and Davies Counties 1955-59; Democratic Floor Leader 1957-59; Governor of the State of Indiana 1961-65; Chairman of the United States Interstate Oil Compact Commission 1963-64; Executive Committee National Governor's Conference 1964; Trustee of Vincennes University; Chairman of the Board of Christian Theological Seminary, Indianapolis, Ind.; served on the Board of Directors of the Kennedy Memorial Christian Home 1958-65; lifelong member of the Christian Church.

Address By  
Governor Matthew E. Welsh

Following is the text of an address delivered by Governor Matthew E. Welsh, of Indiana, at the International Convention of Christian Churches at 8 p.m., Monday, October 2, 1961, at Kansas City, Missouri.

It is a privilege and an honor for me as a layman in the Christian Church to be invited to speak to this international assembly of the Christian Churches. I appreciate the opportunity to participate, even in a small measure, in your deliberations and in your Christian fellowship.

Your kindness in inviting me to address your conference is particularly welcome because it offers me the opportunity to meet and discuss problems of the aging and of our young people with men and women who have devoted many years of their lives to dedicated Christian service to those less fortunate.

Perhaps a few words about my own experience with the problems of ministering to the needs of others would not be out of place. I am an elder in the First Christian Church of Vincennes and have watched and participated at the community level in meeting these problems locally and supporting our Church in its search for institutionalized solutions.

For two years I have served as a Trustee of the Kennedy Memorial Christian Home at Martinsville, Indiana, one of the many fine and successful institutions financed through the National Benevolent Association. The work of the association is therefore not new or unfamiliar to me.

Through service in government as a state senator and now as Governor of Indiana, I have had the opportunity to see the problem with which you deal in a different perspective. For in government, we are confronted daily with a broad spectrum of needs that range from construction of highways and care of the mentally ill to providing welfare needs to destitute families.



We see juvenile delinquency not only as a problem of individual boys and girls, but as a police problem, too. We see broken homes, illegitimate and irresponsible parents, and physical needs of those not able to take care of themselves, not only as human problems - - but financial ones as well.

The resources of government, both in able manpower and in dollars and cents, are limited and must be spread over a vast array of demands - - legitimate demands for needed services ranging from conversation to welfare.

No one who has served as an elder of a church or a trustee of an NEA home is unaware that non-governmental financial and human resources are also in short supply in comparison to the most obvious needs.

With this brief statement by way of preface to my remarks to you tonight, I would like to discuss briefly the basic human needs of our aging, and of children trapped and floundering in the whirlpool of a complex and difficult society not of their making.

There is no need, I am reasonably sure, for me to point out to you the Christian obligations to feed the hungry, cloth the naked, shelter the homeless and minister to the sick in body as well as in soul.

This responsibility Christian Churches and missions, as well as individual Christians privately, have assumed to one measure or another. But always, needs have exceeded the ability or the resources to meet them.

American communities have had welfare and aid programs almost since the beginning of colonization --when the life of the frontier demanded that those who had food share it and that widows and their children become a community responsibility.

Since those early years, our rapidly growing society -- infinitely more complex than that of 300 years ago -- has erected numerous and varied mechanisms to help the unfortunate. These range from the present day vestiges of township poor relief, to intricate social welfare programs, and the vast Federal social security system.

While the fabric of governmental action, tax supported programs to aid people, was becoming more elaborate, more effective and more costly, so too the activities of the churches and private philanthropies were also reaching out -- doing more -- helping more and doing it better.

The seventy-five year history of the growth of the National Benevolent Association from the cottage in St. Louis for the care of children to its present day activities involving millions of dollars, thousands of people, and work in many states is an outstanding example of this growth.

Private and public programs "to help the helpless, to give a home to the homeless, to provide for the sick and comfort for the distressed", as NBA ideals are expressed, have paralleled each other in growth. Although governmental programs -- particularly on the state and national levels have grown considerably more rapidly.

Only so long as we discuss the statistical aspects of church and public welfare and aid programs is the parallel valid. For government can never provide the essentials past mere physical needs. Government can supply, but it cannot really meet the full need. It can furnish only those things which can be bought.

Anyone who has worked closely with our aging or with disturbed and insecure youngsters knows that the real challenges begin after the things you can buy have been provided.

If we were to divide the basic needs of people -- and I have particular references to the two main groups with which NBA activities deal -- I think these would be the things we can buy and the things that cannot be bought but must be given freely.

The first group, that which can be purchased in the market place, would include food, clothing, shelter and medical care. These are the things with which governmental programs are concerned exclusively. There is some

evidence that social workers on local and state payrolls seek to provide more, but case loads and limited professional personnel are significant handicaps.

The second group which must be given freely and which cannot be bought at any price includes at least three things. First and most important of these is faith -- faith in God, in the brotherhood of man, and faith in purposes far beyond and above man's stumbling efforts to understand.

Next perhaps is friendship and it is not peculiar that this is a vital and basic ingredient to providing for the aging, and disturbed children as well. Those of us who have worked with the aging know that loneliness, of no one really caring deeply and personally, is the crushing, depressing cloud that presses down on so many older men and women who end their days uncared for, unwanted and unknown.

The youngster loved at home with friends in the community is unlikely to become a delinquent. It is the absence of love, of someone caring, that is at the heart of the problems distressing children.

The third main factor or need, again of both age groups, is a future. It may seem paradoxical to say that a principal need of older people is a future, but it is true. It is a basic human need of all of us that we must feel wanted and needed by someone, somewhere. We must feel that we have a place, that we are good for something.

We read much about planned obsolescence in kitchen appliances, automobiles and other factory products. But the forced early retirement age -- and 65 is becoming an early age -- and the cult of youth that industry is now practicing is another and more tragic form of planned obsolescence.

Although this feeling of being or becoming obsolete is an economic concern for some, it is much more. It is a psychological blow and it is a crushing one to many fine men and women.

Youngsters, too, need to see ahead of them a goal and a purpose. They need to know they have a destiny and they have a place. The child who spends his years in a slum, who sees his father broken and beaten by life, who sees his mother hopelessly facing each new day, does not see a future for himself. He lives then for what he can grasp that day.

These then are three basic factors in care of the aging and of children which cannot be bought, which cannot be packaged and mailed -- faith, friendship and a future.

And it is these needs which cannot be met by government and outside tax supported programs. It is here that the real contribution is made by churches and private organizations seeking to minister to the needs of others.

In no way do I mean to minimize the fact that food, clothing, shelter and medical care are essentials that must be provided. These we must supply somehow through government as well as private efforts for those who cannot meet their own needs. These are basic to the maintenance of life and they are the most costly phases of the programs of the churches and of government welfare.

But just as there is a difference between a house and a home, there is a difference between maintaining life and giving that life a purpose and a meaning. We can maintain life with food, clothing, shelter and medical care, but we cannot give it a meaning and a purpose with these. This can come only through faith, through friendship and through providing a future.

A few moments ago I divided the needs of the aging and children into two main categories -- those things which can be bought and those which must be given freely. I prefer however to consider these two main divisions another way.

Taking care of people in need, providing food, warm clothing, a place to live and medical attention are responsibilities. They are duties and responsibilities imposed on us not only by our Christian heritage, but on the simple



basis of humanity. Christians are not alone in accepting this responsibility.

This is a governmental responsibility too, for it is through government that the community does those things for which participation in the benefits of organized society make us responsible. And in America we are doing reasonably well in meeting the very minimum needs of those who cannot take care of themselves.

We have not yet found the way to meet fully these needs. We do have many who go to bed hungry. We do have those who wander our city streets and sleep in doorways and we do have families suffering real hardships as a result of grinding poverty. Yet it is fair to say that we are coming closer to meeting our full responsibilities in government each year.

Churches and other private groups are expanding their programs and reaching many more people, as well as relating their activities more closely to the provision of funds through welfare and social security programs.

These are responsibilities that are growing as our ability to meet them increases and is strengthened. Our responsibility is to maintain human life, to meet the needs of our neighbor.

After we have met this responsibility, we then have the opportunity to meet the challenge of giving lives a meaning and a purpose. It is this opportunity which is not shared with government but is more personal, and with which the church is most directly concerned.

For this is the opportunity to strengthen the faith of those in need, to provide Christian friendship, and to help others grasp a vision of their own future, their own purpose.

And it is in meeting this opportunity that the National Benevolent Association Homes and other similar institutions across the nation are making a real contribution to those in need. Yet I am certain that our churches would be the first

to admit that the needs far outstrip the ability or the willingness of their members to accept these opportunities, to meet these challenges. The opportunities are increasing at a faster rate than the acceptance of them. We are doing much better in meeting our responsibilities than we are in taking advantage of our opportunities.

This is recognized, I believe, in your own NBA budget where more money is spent on travel and promotion than on food. The travel and promotion is designed to awaken members of the brotherhood to the opportunities they have to give purpose to the lives of others. And in the process, to give their own lives greater meaning.

Perhaps at the heart of this is the necessity of convincing others that as necessary as are the dollars they give when they give only money they do not really give of themselves. Their check and their taxes which support welfare programs may discharge their responsibility as Christians and as citizens of their community, but it falls short of accepting the opportunity they have to meet the needs of others.

For it is the opportunities that give the real satisfaction, the personal joy of having served others, that merely fulfilling our duties to those in need cannot give. I believe that it is in the area of providing faith, friendship and a future for others that our real challenge exists.

No matter how much NBA expands, no matter how much all the other church and private institutions of our country grow to meet the challenge, they will still fall short. They will fall short because institutionalized assistance can at best be only a fraction of the answer to the needs of 15,000,000 people in our country now over 65 years old -- many of whom can support themselves and may well never come to the attention of any private or public agency. But their need for those things which cannot be bought nevertheless is just as real.

Institutionalized assistance can be and is a major factor in showing the way and emphasizing the needs, but the real challenge and the real opportunity at least in the foreseeable future will lie with the individual in his home community and in his concern for others.

The question is will the people of our communities be satisfied merely with meeting their basic responsibilities or will they also accept the opportunities they have to serve others? Will we recognize that the mere provision of those things necessary to maintain life does not give it meaning, that man does not live by bread alone? Will we come to understand better that the problems and needs of our neighbors are our problems too?

I like to think we will. This is the real mission of the church.

This concern has implications and importance far beyond our local communities and our nation.

It is the basic difference between our civilization founded on the Judeo-Christian concept, and the mechanistic, materialistic philosophy of economic determinism. It is the difference between those who believe in the Fatherhood of God and brotherhood of man, and those who see man as an end in himself, subject only to the law of the jungle.

Only by recognizing and accepting the responsibilities and opportunities our Judeo-Christian heritage lays upon us, will we be living up to the traditions of our brotherhood, will we be making our democracy work, will we be making our fullest contribution to the support of our form of government.

Our government was founded on the concept of respect for the dignity of every human being, endowed by his Creator with certain inalienable rights, and in the firm belief that man was indeed made in the image of God. To keep the faith we must continue go forward in our work of service to society.



W. DEAN MASON  
Kennedy Memorial Christian Home

Seminar: "THE SCIENCES AND AGING"  
"Adding To The Knowledge About Aging"

University of Kentucky  
Council on Aging  
The Kentucky Commission on Aging  
and  
The Kentucky Gerontological Society

November 11, 1971

Keynote Speaker

Dr. W. Dean Mason

**MASON, Wendell Dean**, born in North English, Iowa, U.S.A. on March 1, 1920. Profession, Social Gerontologist. Married at Deep River, Iowa on November 15, 1942 to Doris McWilliams. Two children: Linda Kay Burleigh; Craig Dean. Education: Johnson Bible College, Kimberlin Heights, Tennessee; Drake University, Des Moines, Iowa; Phillips University, Enid, Oklahoma, B.A., 1944, M.A., 1945; B.D., 1947, Indiana University, Bloomington, Doctorate in Adult Education, 1964. Appointments held: Minister, Rochester and Cherokee, Oklahoma, 1947-54, National Field Work Director, National Benevolent Association, 1954-57, Administrator, Kennedy Memorial Christian Home, Geriatric Service and Research, 1957-. Contributor to: The Christian, World Call, Bethany Church School Guide, Professional Nursing Home, Indiana State Board of Health Bulletin, Adult Leadership. Professional affiliations: Adult Education Association, U.S.A. (chairman, section education for aging); Indiana Adult Education Association (board of directors); American

Association of Homes for aging; (board of directors, chairman, National Advisory Panel); National Geriatric Society (board of governors; chairman, Education Committee and National Qualifying Board); Gerontological Society, U.S.A. (fellow); Indiana Association of Homes for Aging; Indiana Health Facilities Licensing Council (past chairman), Academy of Political and Social Science, Organization and club memberships: Lions International (deputy district governor); Masonic Lodge, 32nd degree; Disciples of Christ (state, national offices); Morgan County Family Y.M.C.A. (chairman of the Board); Morgan County United Fund; Morgan County Red Cross. Honours, prizes, awards: Made Sagamore of Wabash by Governor of Indiana, personal representative for Indiana Governor to White House Conference on Aging, 1961; made first chairman, Indiana Health Facilities Licensing Council; life membership, Disciples of Christ Historical Society. Hobbies: Music, golf, photography, travel. Address: Woodcrest, Rural Route 8, Box 454, Martinsville, Indiana 46151, U.S.A.



Seminar: The Sciences And Aging  
Adding to the Knowledge About Aging  
University of Kentucky - November 11, 1971  
W. Dean Mason, Ed.D.

Have you become weary of the words - "the last of life for which the first was made?" These words are oft times quoted in an effort to give positive emphasis to the aging process.

Gina Berriault<sup>(1)</sup> writing in the May 1971 issue of Esquire, painted a rather graphic picture of our aged and aging citizens in an article titled, The Last of Life. I almost closed the magazine when I saw the title of the article but I read the small print underneath and then wanted to read further because - - it said that this was an introduction to a brand-new species, suddenly mutated, that must be reckoned with, kept separate and observed. My God! I thought is that what we are doing today in our concern for older persons? The more I thought about this the more guilt I felt because somehow we were (or I was) or might be viewing these twenty million members of a new minority group as objects to be reckoned with, kept separate and observed. Let us evaluate our actions - past, present and projected in light of such an attitude or motivational principal.

Said Berriault:

"The old are the most deprived of all groups - economically, to name only one kind of deprivation - and at the bottom of this heap are the Aged Blacks, more than familiar with discrimination and want. The White Elderly get used to these things a little later in life. In immense settlements of thousands, the Old live in mobile homes that are not going anywhere. Counties are erecting low-rent housing, though the choice is given to the residents around the selected site as to whether or not to permit such congregations. Is it a brand-new species, suddenly mutated, that must be reckoned with in all its characteristics, kept separate, observed, provided for? These numbers seem to have taken everybody by surprise, even as old age has taken them by surprise, even as most spectacular problems seem to erupt, but almost never do, without warning. Councils - regional, national, churchly, are now functioning at several universities, and one university in Los Angeles will have soon, if it does not already by now, a six and a half million dollar research and educational center. In Baltimore is a four and a half million dollar center for the study of the physiology and biology of aging, with hospital and laboratories.

Conferences are constantly called, of Mayor's Committees, a Coordinating Council, and the 8th International Gerontology Congress was held a year ago (1970) in Washington, D.C., to which twenty-one nations dispatched three thousand delegates. (Another such Congress is scheduled to be held July 2-8, 1972 in Kiev, Russia.)

I find myself agreeing with a statement made by Dr. Robert J. Havighurst and the Special Committee on Human Development of the University of Chicago in the status report of Research and Applied Social Gerontology published by the Gerontological Society in the Winter of 1969. (2) This Committee said, "Old age in America may represent for many the triumph of technique over purpose." During the last 70 years we have seen many changes in medical care, food production and distribution, income distribution, housing patterns, and labor-saving machinery which have contributed to longer life for many more people. The prospect of old age for many more people. The prospect of old age for many Americans had come about without much thought being given to what old age should be or what it might be in our American culture. If for most older people old age is a time when energy is low, the circle of family and friends diminish, and income reduced, what is to be expected as the reasonable hope for life satisfaction in the years past 65?

It is true that for most Americans old age is a time when the arenas of choice become constricted, the environment narrows, and functional decrements press more and more with each passing year. Social Gerontologists are trying to determine what the older persons' role is once his family-rearing and economically productive years are past. These are problems which we will be dealing with today.

We are concerned with the social sciences as they relate to gerontology. In other words, we might identify our thinking this morning as specifically social gerontology. Dr. Clark Tibbitts, in the Preface of the Handbook of Social Gerontology, which he edited in 1960 states that "Students working in a number of fields became aware, more or less simultaneously, of age or time as a variable to be reckoned with in the study of organisms and their

performance. This led, in turn, to interest in the life cycle of organisms and of human individuals and to the scientific study of aging itself."<sup>(3)</sup>

The sudden and explosive increase in the number and proportion of older people in the populations of all highly developed countries added importance to the increased interests in the study of the aging and aged. Thus these two factors, population and technological and socioeconomic change operating together resulted in separating large numbers of older people from the social roles traditionally assigned to adults and in raising them almost at once to the status of what we sometimes refer to as a "problem" group.

Social gerontology separates the phenomena of aging which are related to man as a member of the social group and of society and those phenomena which are relevant to aging in the nature and function of the social system or society itself. As we think of aging in the individual, social gerontology deals with changes in the circumstances, status, roles and positions which come with age, with the influence of age-related biological and psychological factors on the individual's performance and behavior in society and with his personal and social adjustment to the events and processes of aging. Socially, the study of aging is concerned with changes in the age composition and structure of populations, with the elements in the value system and institutional patterns which have a bearing on the status and roles of older people, with the effects of these factors and of technological and social change on older people, and reciprocally, the influence of older people on the values, institutions, and organizations of society.

Dr. Donald P. Kent, Pennsylvania State University, has suggested that, "the influences and inter-relatedness of the biological and social worlds of man have been well documented; but perhaps are no better illustrated than by viewing the social position and behavior of older persons."<sup>(4)</sup>

Aging is known to be a biological property of all living things. Although social structures are rooted in biological capacities in every society, these capacities permit, except in the cases of the very young and very feeble,

a variety of social patterns. The biological and social worlds are intertwined. As I understand it, the Kentucky Gerontological Society last year, was primarily concerned with the biological sciences.<sup>(5)</sup> This year we are to turn our attention to the Social Sciences as they relate to the aged and the aging.

Clark Tibbitts has suggested that "systematic approaches to the study of aging are of relatively recent origin, beginning with research on biological and psychological aspects, followed by studies of behavioral and social science phenomena."<sup>(6)</sup> The biological research on aging has developed only within the past generation or two and the first real contribution came about not primarily as previously planned studies on aging, but as the life of plant and animals were being investigated.

The evolution of psychological research on aging seems to have taken on pretty much the same pattern. Oscar Kaplan, (1946) states that, although, "interest in the psychological aspects of aging goes back at least several thousand years, ... it is only within the last decades that comparative studies of adult age groups have put such interests on a scientific basis."<sup>(7)</sup>

Research on aging in the social sciences seems to have sprung from several developments which occurred within a relatively short span of time. Older people became visibly evident and the total population began to become concerned about this new segment of society. In 1946 Lawrence Frank in an article in the Journal of Gerontology enumerated a large number of social and economic problems needing study. Mr. Frank pointed out that in the last analysis aging is a problem of social science. He was unable to report on the existence of any significant amount of social research or any attempts to outline or systematize the fields, as he indicated that the biologists were doing.<sup>(8)</sup>

In 1943, Dr. E. W. Burgess who was serving as Chairman of the Social Science Research Council's Committee on Social Adjustment, secured the establishment of a committee on Social Adjustment in Old Age. This Committee published a research planning report which did call attention to the need for research in individual adjustment to aging and retirement; old age and the family; aging, employment, and income maintenance; and aging in relation to



other institutions. Burgess and Havighurst and their Associates initiated their studies of personal and social adjustments in old age and the Committee on Human Developments gave specific focus to the periods of later maturity in 1949.

Eight sections of the first National Conference on Aging held in 1950, were devoted to social, economic, and related aspects of aging, and all of these sections urged the need for research.

Leonard D. Cain, Jr. in a review of the book, "Gerontology, A Book Of Readings" by Clyde B. Vedder, says, in commenting on a Volume of Readings in Gerontology, "This new and burgeoning field represents a peculiar amalgam of scientific research and a reformist commitment with the attributes of a major social movement. Gerontology is more than a discipline devoted to understanding phenomena and institutional adaptations to varying percentages and problems of the aging; it is also a crusade to help the older person lead a 'full life'." (9)

I agree with Clark Tibbitts and June Shmelzer who said in the February 1965 issue of Welfare in Review, "The umbrella we glibly call 'aging' does indeed include both a discipline and a practice. It embraces both a growing body of information about older people and a wide variety of programs, techniques, and institutional forms and adaptation developed in their behalf. Aging thus connotes both action and research, which, perhaps not uniquely, have been growing simultaneously." (10)

With respect to aging research the field has been divided into two broad categories which include the biological and social aspects. Each of these divisions can be broken down into a number of relatively clear-cut areas. Biological gerontology is concerned with normal aging in the human organisms, with particular reference to changes in tissue structure and function; in speed, strength, and endurance of the neuromuscular system; and in processes which may hasten normal aging and the long term diseases and

conditions common among older people. Social gerontology is concerned with the alterations in psychological capacities and performances, and with changes in the social characteristics, circumstances, status, and roles of individuals over the second half of the life span; with the nature and processes of adjustment, personality, and mental health in the aging individual; and with the biological processes of aging and changing health status insofar as they influence social capacities and performance in the later years. Social gerontology also seeks to discover the role of the social environment as a determinant of aging and of the behavior and position of older people in society. It is recognized by most persons engaged in the field that many, if not most of the problems we face, whether of research or application require a multi-disciplinary approach. This makes our gathering today very exciting as we have here a number of "sciences" seeking to discover their inter-relatedness in a concern for aged persons.

Those of us who are concerned with aging and aged persons and the participation of this group in our society are thinking about the future in order that our involvement in work related to gerontology and geriatrics will show that we have given thought to the future realizing that many of today's decisions will rest on conjectures about the future. We see problems that exist today and project ahead to conceived needs and thus make an effort to develop strategy which will give hope for a successful tomorrow. It may be that we will conceive of "alternative futures". We are told that we can look forward to a virtual "revolution" in the way people will live, the way they will work and the way they will play by the year 1980 and 1990. We are beginning to see revolutionary changes in the social structure which has a direct bearing on the older adult population. Some of our problems will be congestion, financial security, boredom from excessive leisure, the gap between the rich and the poor, environmental decay, housing, health and a redefining of roles for all age groups.

What are the prospects for the 70's? The next decade will be a prosperous one so we are told by students of business. We are assured that there will be technological advance and the discovery of answers to many of our present day

questions through research. This we will hope for - we will work for answers to poverty, sickness, war and all forms of human misery. The Council on Trends and Perspective Economic Analysis and Study Group of the United States Chamber of Commerce states in a document, America's Next 30 Years - Business and The Future, that there has emerged a new type of organization known as the "look out" institution which looks ahead into the future and seeks to plan for change by anticipating in advance. Such organizations are the Institute for the Future, General Electric Tempo and the Commission on the Year 2000. (11)

I would like to share some thoughts concerning our future environment. The world population in thirty years is expected to double its present figure. This would mean that we would have seven billion people in the world. We may have 266 million people in America by 1982 and 325 million by 2000. By 1985 we could have 165 persons for every 100 we have today. Although we will have many more persons over 65 years of age, we are rapidly moving in the direction of a national population in which half of our people will be under 26 years of age. It is interesting to note that the rising tide of education has helped transform America from an economy of goods into a knowledge economy. We are told that by the late 1970's the United States "knowledge industries" (which produce and distribute ideas and information rather than goods) will account for one-half of the total U.S. national product. Every other dollar earned and spent in the American economy will be earned by producing and distributing ideas and information. A process of continuous learning (life-long learning) re-training and on the job education, post-graduate education will be accepted and considered necessary.

The next ten years are expected to bring large and significant changes in our Nation's system for meeting the health care needs of the total population. We find many problems upon us today in this area, with spiraling costs, maldistribution of personnel and facilities, and many varied opinions as to the solutions.

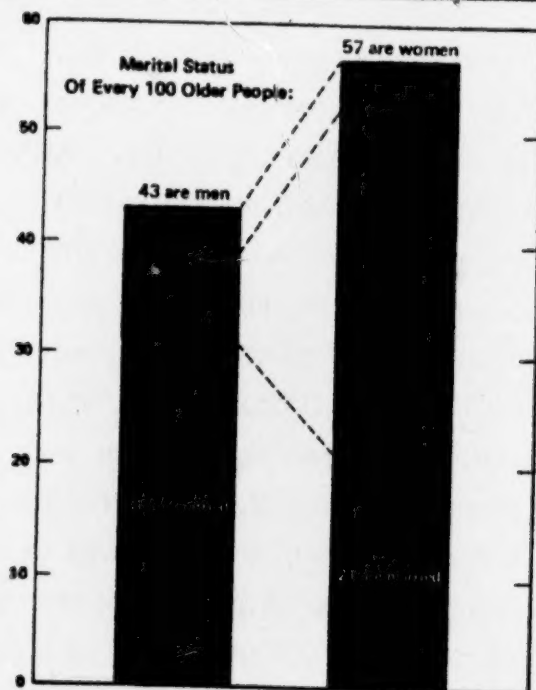
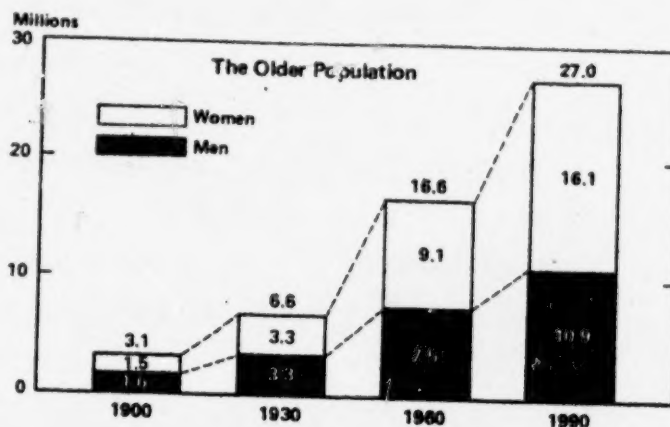
## Facts About Older Americans

• Every tenth person in the U. S. is aged 65 or over — a total of almost 20 million men and women.

• This number exceeds by a million the total population of the 20 smallest States.

• In this century, so far, the percentage of the U. S. population aged 65 and over more than doubled (from 4.1% in 1900 to 9.5% in 1968), while the number increased more than six-fold (from 3 million to more than 19 million).

• Women now outlive men. There are about 134 older women per 100 older men. Life expectancy at birth is 73.8 years for females and 68.7 years for males. Life expectancy for women is still increasing faster than for men.

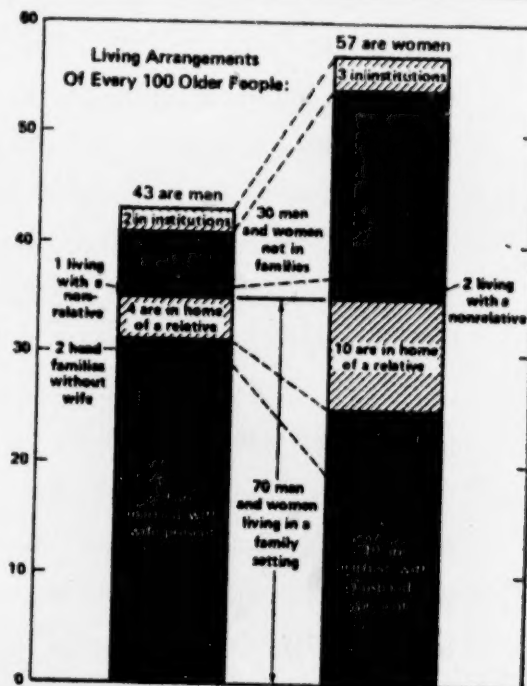


• Seven of every 10 older people live in families; about a quarter live alone or with nonrelatives; only one in 25 lives in an institution.

• Living arrangements differ widely between older men and older women.

• Two-thirds of the older men but only one-third of the older women live in families that include their spouse.

• Three times as many older women live alone or with nonrelatives as do older men, mostly because of the preponderance of widows and their desire to be independent.



• Most older men are married; most older women are widows. There are almost four times as many widows as widowers.

• About four of every 10 older men have wives under 65 years of age.

• An estimated 15,000 older women and 35,000 older men marry during the course of a year. In about 13,000 marriages both the bride and the groom are 65+; the other 2,000 older brides and 22,000 older grooms take under-65 partners.

AGING



It might be well for us to have an overview of the statistical dimensions of our aging population plus some insight into the exceedingly very human factors behind these statistics. It may be that we will be able to clear up some of the misconceptions about our older population and to challenge some of the stereotypes which society seems to have. There are many problem areas involved in the field of gerontology and they do tend to be somewhat unique to the age in which we now live. We have all heard the statistical data about the number of our aged persons and the increasing numbers of older people - those over 65. The fact that at the turn of the century every twenty-fifth American was 65 years of age or older while today every tenth American is 65 years of age or over. Therefore we find in our present population some 20 million people over 65 years of age, a number which is equivalent to the total population of our 20 smallest states.

Within this older population, the age distribution is as follows:

| <u>Age</u> | <u>Number</u> | <u>Percent</u> |
|------------|---------------|----------------|
| 65+..      | 20,000,000    | 100.00         |
| 65-74.     | 12,280,000    | 61.4           |
| 75-84.     | 6,400,000     | 32.0           |
| 85+..      | 1,320,000     | 6.6            |

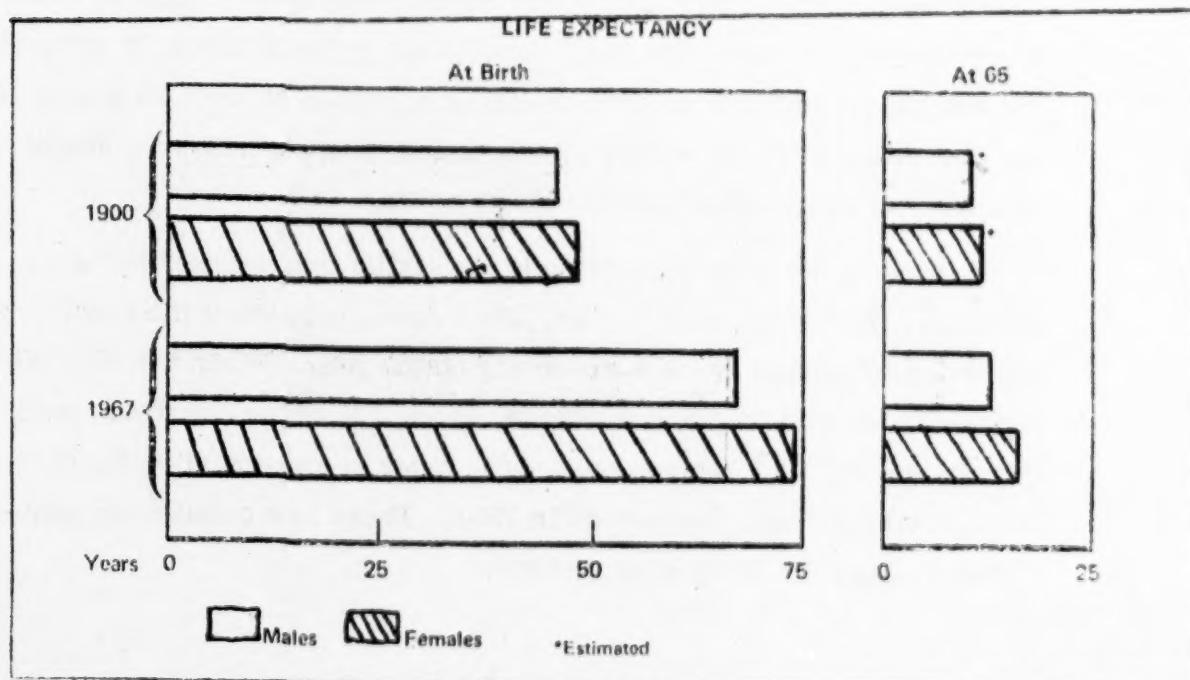
For every 100 persons in the "productive" age span of ages 18 to 64 there are only 17 older persons. Even greater significance, in view of the age range from just 65 to over 100 or a span of at least 35 years, is the enormous diversity within this population, representing a complete spectrum of characteristics and, thus, needs.

Moreover, the older population is not static; it is marked by rapid turnover. At the end of this year, about seven percent of the people aged 65+ will have joined this age group during the year. When the 1971 White House Conference on Aging convenes, about 70% of the age group under discussion will have become part of the older population after the close of the last White House Conference in 1961. These new comers are quite different from the group they replace.

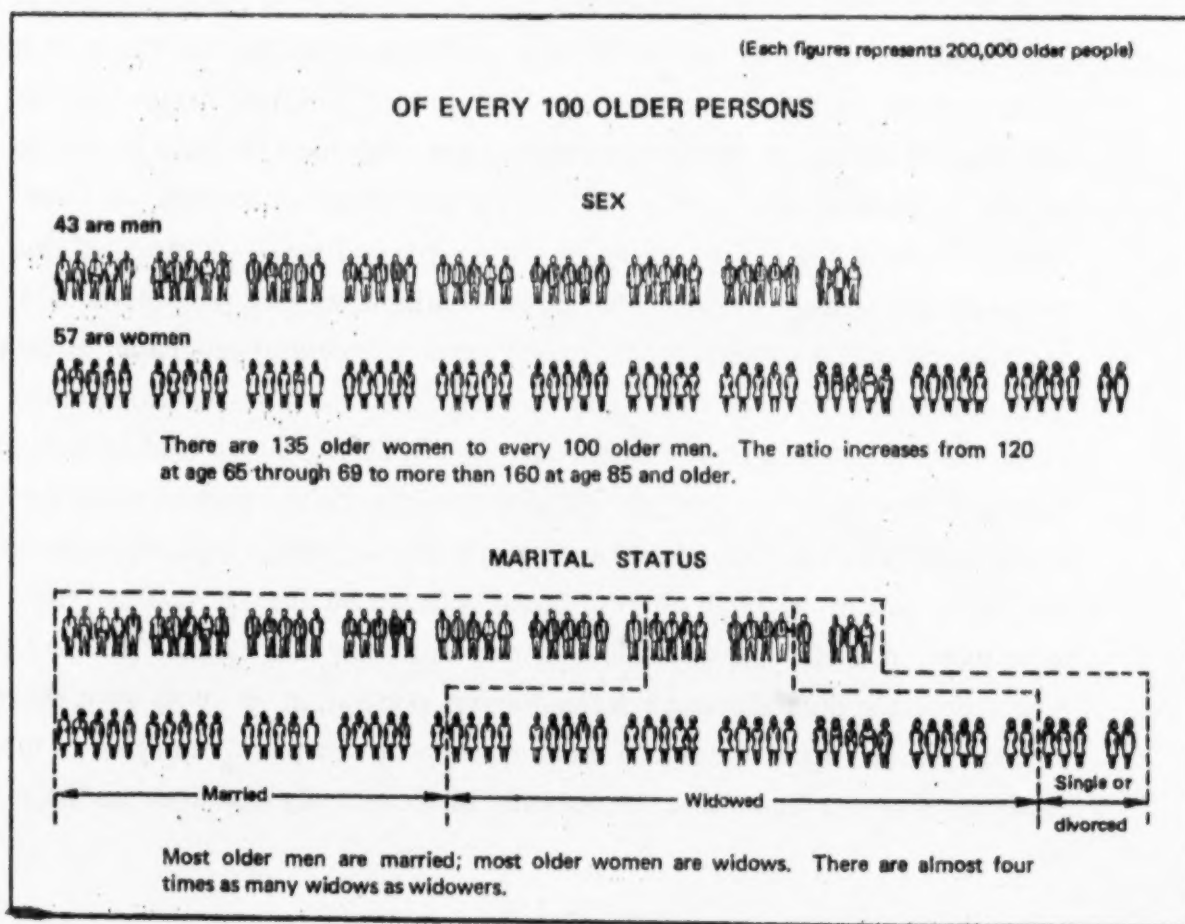
In our present society the oldest part of the older population is growing the fastest so that the median age of the elderly has risen slowly to age 73. Four of every 10 older people or 8 million are 75 years of age and older. Better than one million are over 85 years of age. More than one-third or 7 million are under 70 years of age. We are told that each day some 4,100 Americans will celebrate their 65th birthday while 3,200 persons over 65 years of age will die which leaves a net increase each day of 900 older persons.

|                                                     | <u>Annual</u> | <u>Daily</u> |
|-----------------------------------------------------|---------------|--------------|
| Gross increase (number celebrating 65th birthday .  | 1,480,000     | 4,100        |
| Gross decrease (deaths of persons 65+) . . . . .    | 1,150,000     | 3,200        |
| Net increase (increase in 65+ population) . . . . . | 330,000       | 900          |

The numbers of the very old or those over 75 will continue to increase at about twice the rate of the over 65 group as a whole and at more than twice the rate of the total population. Today life expectancy at age 65 is about 15 years but we can expect this figure to rise significantly during the next 30 years. In other words, the average life expectancy at the age 65 might be 30 to 31 years.



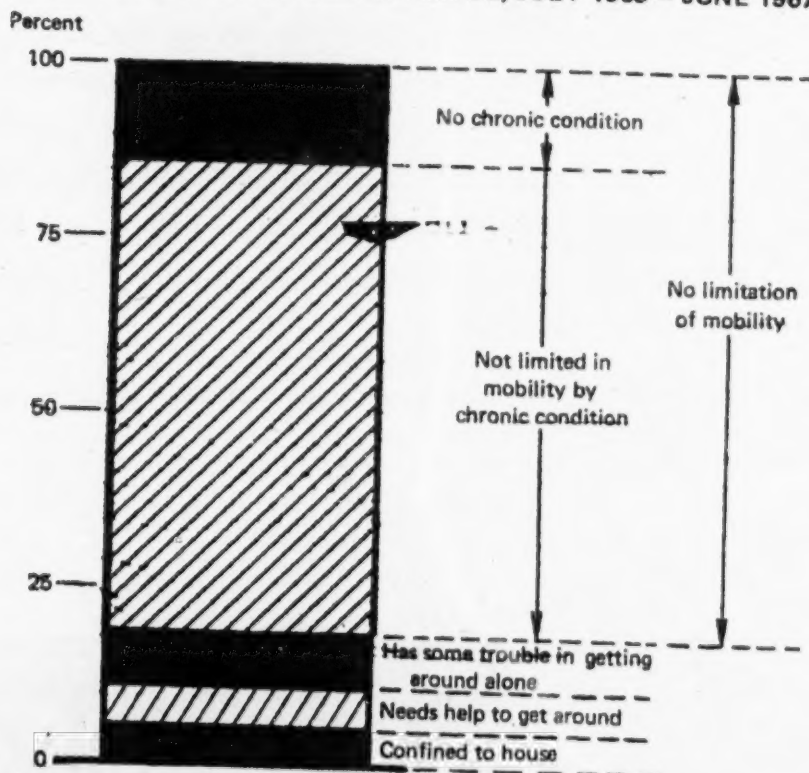
Too often the older American, instead of being welcomed and needed, feels neglected and resented. The life expectancy for women has increased much faster than for men and has therefore resulted in a growing perponderance of women in the population as we go up the age scale. More boy babies are born than girl babies. But higher death rates for males does bring equality in numbers in the twenty-year-olds and then the females increasingly outnumber the males. At ages 65 to 69 there are in our population 120 women per 100 men; after 85 years of age there are 160 women for every 100 men. The average difference for all persons over 65 years of age is 135 women for every 100 men. This accounts for the fact that there are many widows in our society. We have a social custom where men in the older bracket marry much younger women. Thus today 40% of all older married men have wives under 65 years of age. Most older men are married and most older women are widows. Widows outnumber widowers by 4 to 1 and in the course of a year about 15,000 older women and 35,000 older men get married. By the year 2000 we are told that there may



In our social planning we must consider the 4,100 persons a day or one and one half million persons a year who become newcomers to the rank of the aged. Urbanization brought the population into the city where it has aged but suburbanization has taken the younger population out to the edge of the city leaving the elderly behind. More than 80% of older men live in a family setting, 70% with a wife present, another 60% live alone or with non-relatives, and only less than 4% are in institutions. Among the older women, only 61% live in a family setting, only 34% with the husband present, and astonishing 35% live alone or with non-relatives and only 4% are in institutions. Over 95% of our older Americans do live in a normal community setting, not in an institution and they depend on community services. Of the older population living outside of institutions 14% have no chronic conditions, and 67% have one or more chronic conditions that do not interfere in any way with their mobility which means that a total of 81% have no limitations of mobility. Eight percent of this population have some trouble getting around but are still able to manage on their own, and another 6% need the help of another person to get around with only 5% being home bound. Too often we have had a picture of the older person as a decrepit faltering oldster and this has been over-exaggerated. The overwhelming majority of older people can manage in the community if society plans to develop programs of assistance and will help them with their self-expression. They would manage even better if society would encourage such activities and would provide the services needed. Persons over 65 have one chance in seven of requiring short-term hospital care and one of twenty-five of requiring long-term in any year. While only one of 50 of those between 65 and 72 require long-term care, one of 15 of those 73 and over requires this care. Older people do suffer more disabilities than the general population, they do visit their physician more often and spend more time in the hospital. In spite of these facts we discover that about five-sixths of the elderly get along on their own.



# EFFECT OF CHRONIC CONDITIONS\* ON MOBILITY OF NON- INSTITUTIONALIZED OLDER PEOPLE, JULY 1965 - JUNE 1967



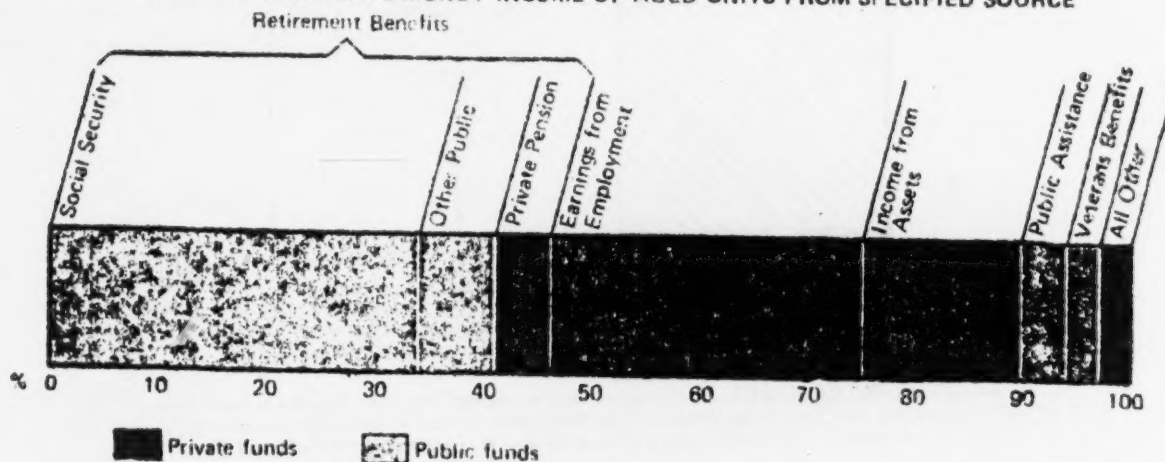
\*Chronic conditions are conditions or impairments which have lasted for more than 3 months or those with an onset more recent which appear on lists of medically determined long-lasting conditions. They range from visual impairments corrected by eyeglasses to a completely disabling stroke.

The median income of older families and individuals is consistently less than half of that of their younger counterparts. In 1968 living alone the median income of older couples was about \$78 a week and of older people or with non-relatives was \$33 a week. This has, of course, improved greatly during the past three years with regular increases in social security payments and benefits from Medicare and Medicaid. As we look back to the statistical data of 1968 there were over four and one-half million or a quarter of all older Americans who lived in households whose total income was below poverty line for that type of location of household. Of all the aged poor about 65% were women and 85% were white. Aged makes up 10% of the total population but they do comprise 18% of the poor. If you are old you are twice as likely to be poor. Older consumers must spend more of their income on food, housing, housing operations, and medical care than do younger consumers. This would

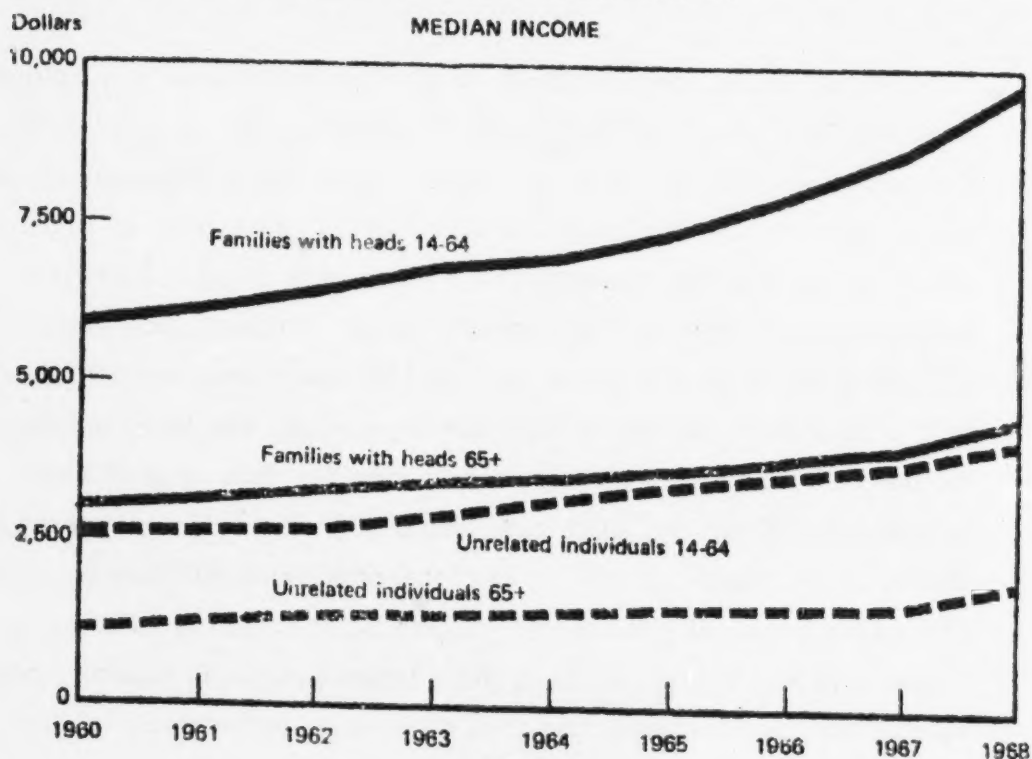
of course mean that they spend proportionally less on transportation, clothing, household furnishing and recreation. While the largest single source of the 45 billion dollars that comprises the income of the elderly is from earnings from employment, this represents a source of only about 20% of the aged individuals. Regular retirement programs contributed about 40% of the total income, with 30% coming from Social Security, 6% from Railroad Retirement and Civil Service, and 3% from private pension plans. In addition about 40% came from Veterans Benefits and 5% from public assistance.

#### INCOME SHARES, 1967

PERCENT OF AGGREGATE MONEY INCOME OF AGED UNITS FROM SPECIFIED SOURCE



#### MONEY INCOME OF OLDER PEOPLE



# PERCENT DISTRIBUTION OF OLDER FAMILIES AND INDIVIDUALS BY MONEY INCOME IN 1968

| Income        | Families with 65+ heads |                         |             |                 |             | 65+ Individuals living alone or with nonrelatives |             |             |
|---------------|-------------------------|-------------------------|-------------|-----------------|-------------|---------------------------------------------------|-------------|-------------|
|               | Total                   | Male head, wife present |             | Other male head | Female head | Total                                             | Male        | Female      |
|               |                         | All                     | Couple only |                 |             |                                                   |             |             |
|               | (7,076,000)             | (5,602,000)             | (4,457,000) | (334,000)       | (1,140,000) | (5,292,000)                                       | (1,322,000) | (3,971,000) |
| Total         | 100.0                   | 100.0                   | 100.0       | 100.0           | 100.0       | 100.0                                             | 100.0       | 100.0       |
| Under \$1,000 | 2.6                     | 2.1                     | 2.4         | 3.2             | 4.6         | 18.2                                              | 12.8        | 20.0        |
| 1,000-1,499   | 4.5                     | 4.1                     | 4.6         | 6.1             | 5.8         | 23.8                                              | 22.4        | 24.3        |
| 1,500-1,999   | 6.2                     | 6.0                     | 6.8         | 4.7             | 7.6         | 17.0                                              | 17.8        | 16.8        |
| 2,000-2,499   | 8.7                     | 9.0                     | 10.4        | 7.7             | 7.4         | 11.4                                              | 13.2        | 10.8        |
| 2,500-2,999   | 7.4                     | 7.6                     | 8.4         | 6.6             | 6.6         | 6.0                                               | 7.8         | 5.4         |
| 3,000-3,499   | 7.7                     | 8.1                     | 8.8         | 6.7             | 6.2         | 5.3                                               | 5.1         | 5.4         |
| 3,500-3,999   | 6.5                     | 7.0                     | 8.1         | 4.7             | 4.5         | 3.2                                               | 4.2         | 2.9         |
| 4,000-4,999   | 11.0                    | 11.5                    | 12.1        | 6.9             | 9.7         | 4.7                                               | 5.1         | 4.7         |
| 5,000-5,999   | 8.6                     | 8.8                     | 9.0         | 7.2             | 8.2         | 2.7                                               | 2.7         | 2.7         |
| 6,000-6,999   | 7.1                     | 7.0                     | 6.8         | 5.6             | 7.6         | 1.7                                               | 1.8         | 1.7         |
| 7,000-7,999   | 5.9                     | 5.4                     | 5.1         | 8.2             | 7.6         | 1.3                                               | 1.0         | 1.4         |
| 8,000-8,999   | 4.3                     | 3.9                     | 3.5         | 7.8             | 5.1         | 0.8                                               | 1.1         | 0.7         |
| 9,000-9,999   | 3.7                     | 3.8                     | 2.8         | 5.7             | 2.8         | 0.9                                               | 0.8         | 1.0         |
| 10,000-11,999 | 4.9                     | 4.8                     | 3.5         | 4.8             | 5.8         | 1.1                                               | 2.0         | 0.8         |
| 12,000-14,999 | 5.1                     | 4.9                     | 3.2         | 7.3             | 5.4         | 0.6                                               | 0.6         | 0.5         |
| 15,000-24,999 | 4.6                     | 4.5                     | 3.1         | 6.2             | 5.0         | 0.7                                               | 0.8         | 0.7         |
| 25,000-49,999 | 1.2                     | 1.4                     | 1.2         | 0.7             | 0.3         | 0.3                                               | 0.6         | 0.2         |
| 50,000+       | 0.1                     | 0.2                     | 0.2         | 0               | 0           | 0.1                                               | 0.2         | *           |
| Median        | \$4,592                 | \$4,532                 | \$4,038     | \$5,471         | \$4,756     | \$1,734                                           | \$1,916     | \$1,670     |

\*Less than 0.05%.

## Percent of Older People with 1968 Incomes of Less Than Given Amounts

| Income   | Families (7.1 million) | Individuals (4.1 million) |
|----------|------------------------|---------------------------|
| \$10,000 | 84                     | 97                        |
| 9,000    | 80                     | 96                        |
| 8,000    | 76                     | 96                        |
| 7,000    | 70                     | 94                        |
| 6,000    | 63                     | 92                        |
| 5,000    | 54                     | 90                        |
| 4,000    | 44                     | 85                        |
| 3,000    | 29                     | 77                        |
| 2,500    | 22                     | 71                        |
| 2,000    | 13                     | 59                        |
| 1,500    | 7                      | 42                        |
| 1,000    | 3                      | 19                        |

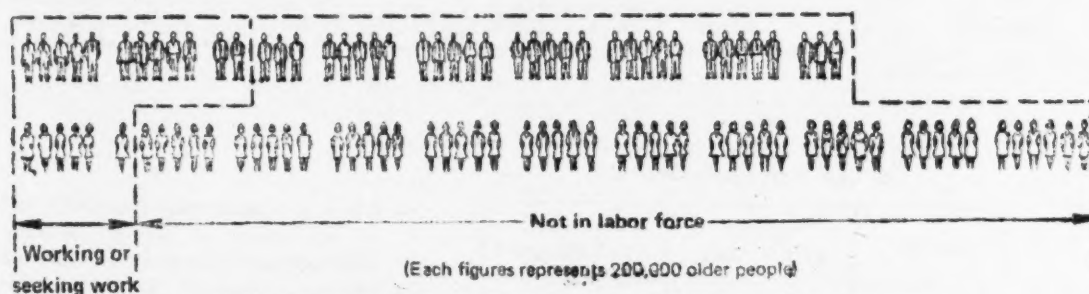
- Older families average just under half of the income of younger families; older persons living alone or with nonrelatives average only two-fifths of the income of their younger counterparts.
- In 1968, about a quarter of all older persons were living in households with incomes below the poverty line for that type and size of family.
- Almost 30% of the older families had incomes of less than \$3,000 in 1968; more than 40% of the older people living alone or with nonrelatives had incomes of less than \$1,500.

AGING

If we are to discover the source of our aging problems we must do more than just look at a compilation of statistical data. We must view the people and the society as a whole, taking into account the realities of an urbanized, industrialized, and technological age and all of the rapid changes which are implied. Older people today are no longer needed for supplying food, making clothing, providing medical care, baby sitting, and they no longer own the means of production such as the land, the tools, and the know-how to pass down to their children. Thus the older American has been pushed out of almost all of his formerly significant roles and concomitant statuses and today's older citizen lives in a state of isolation.

There are various opinions as to the relationship of the older American to the labor market today and the older American has found himself as a part of the legislative program related to non-discriminatory practices. One of the major social decisions of the next 20 years will be to determine what proportion of people over 65 should be in the labor force by the year 2000.

#### LABOR FORCE PARTICIPATION

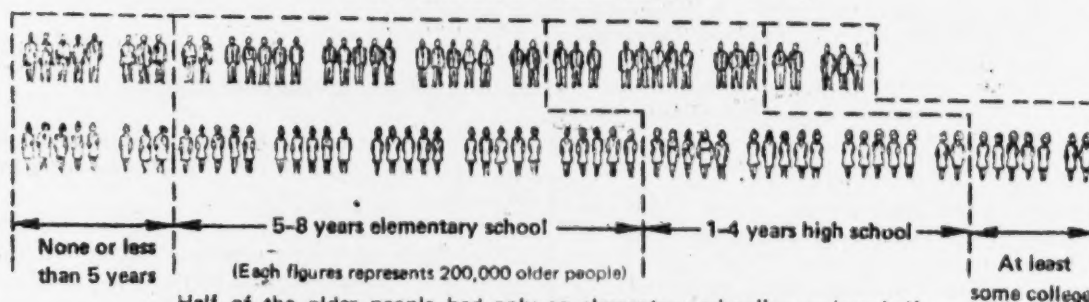


In 1900, about two-thirds of 65+ men were in the labor market; now only about a quarter are. Rates for females increased from about 8% in 1900 to almost 10% now. The rate drops sharply after age 70. Between 65 and 69, 42.3% of the males and 17.3% of the females are in the labor market. After age 70, only 18.0% of the males and 6.1% of the females are working.

There are suggestions that there may be a direct relationship between successful adjustment in old age and educational attainment. About 20% of today's older population are foreign born and received some or all of their education in other countries. Fifty percent of today's over-65 group never went beyond elementary school. A million elderly persons in our society never went to school at all. It is estimated that about one-sixth of the elderly are functionally illiterate and only 5% are college graduates.



## EDUCATIONAL ATTAINMENT



Half of the older people had only an elementary schooling or less; half of those under 65 years of age have at least high school. Of every 100 older people a total of 8 men and 8 women 65 and over had none or less than 5 years of school and are functionally illiterate.

Older people are concerned about political action. Our aged population represent about 15% of the eligible voters and in the future they will approximate 25% of the eligible voters. It was reported in the September 1971 issue of the AARP News Bulletin that "Older Americans vote in more impressive numbers than any other age group, according to a Bureau of Census analysis of the November 1970 election. Sixty-eight per cent of those 65 and over went to the polls. In the age group between 45 and 64, the turn-out was 74 per cent. Only 35.5 per cent voted in the 21 to 29 year age group. Thus society is making an impression on the pattern of living and the hopes and aspirations of our older population. In like manner older people are making an impact on society.

I tend to agree with the statement that the entire area of social policy in the human service and support field has been approached with less precision and reliance on research data than the physical planning policy field. It has been suggested that there has been more systematic analysis in highway planning, space utilization, flood control, outer space exploration, electric power distribution and port development than in the human service field. Nathan Shock has stated that the solution to the complex problems in gerontology will require the application of research techniques of practically every scientific discipline. Effective research needs to be or "must be" directed toward a specific question. Many broad and general questions of great social importance must be broken down into simpler and more specific questions before they can be adequately attacked by research methods.

One of the strange things to me is that older people sometimes seem to vote against themselves. I think that one of the reasons older people don't support more social legislation, much of which would be useful to them, is that they feel so financially insecure and they are afraid to vote for measures that are going to cost money.

—Clark Tibbitts

## Action for Older Americans

... and stumbling blocks to action:

*Those of us in the field are probably the most guilty... of having created the image of aging that exists.*

In our zealotry to try and promote support for a better life in retirement, to put some gold in the golden years, if you will, we've played up the hazards of being old to the point where most folks are beginning to believe that that, indeed, is what they can expect in their life. And rather than join the ranks of trying to change it, they have joined those who deny age.

—Bernard E. Nash

Stereotypes will break down by all kinds of formal and informal education. As old people change and are not any longer this desolate, passive, isolated group, attitudes are going to change. We need a great deal of input in terms of the mass media. We are creating the stereotypes that we object to and I think the mass media do it as much as any other major force in the society. For example, the generation gap is highly a creation on the part of the mass media, I believe. The mass media does very little to break down the stereotypes of the old, and they could do an enormous job. —Bernice Neugarten

The basic problem, I believe, has been society's failure to recognize fully that in this century we have had a revolution in aging.

Neither this, nor any other nation, has truly faced up to the implications of this revolution in aging. We have failed to see either its magnitude or its character—particularly with regard to heightened capacities for living by older persons.

We glibly use the figure, "20 million older Americans", but really fail to understand how big this is. It contrasts with less than 7 million 40 years ago. Only one-fourth of the world's nations have individual populations so large. Of the more than 100 non-Asiatic nations, only 16 have as many as 20 million in their whole population.

When one considers the talents, skills and experience among our senior citizens, the magnitude of this resource is enlarged further. We are short-changing both the United States and its older citizens when we refuse to give older Americans a chance to participate as fully as they can in our national life.

—Sen. Winston L. Prouse

Although we have today many reports, studies, investigations, articles and volumes on social gerontology, because of the increasing interests in this field and the new emphasis being placed by many colleges and universities in the area of gerontology, the goals for research have not been clearly identified. Dr. Clark Tibbitts has presented a broad review of research needs in social gerontology. <sup>(14)</sup> He has defined the goals of social gerontology as achieving and understanding of the manner in which time-related biological and psychological changes and environmental and cultural factors influence the development of personality and behavior of older adults, their roles, status, and collective behavior. He has suggested that the impact of our changing economy and the transition to an automated, cybernetic production system are major areas for study, even more important than the impact of changing birthrates, migrations, distributions and other population characteristics. He has raised three basic questions:

1. What is the position of old people in advanced society?
2. What are the roles for old people and can more acceptable roles be found?
3. Can old people respond to efforts to integrate them into a society characterized by rapid advances in knowledge and social technological change?

Related questions include the general one about the impact of large numbers of older people on structured institutions of society. There are many other questions which we might concern ourselves with today such as the meaning of work in a society where there are large numbers of non-producing persons. The meaning of retirement to elderly and to the young. How do social values change as we get older? To what extent are the conditions of older Americans today the result of the wishes and ideas of all Americans? Can national aspirations and values which impinge upon the life situation of the elderly be altered? To what extent do these values affect the self-image of the elderly and hence their behaviors and expectations?

Again referring to the Committee on Research and Development Goals in Social Gerontology of the Gerontological Society in their report made in the winter of 1969, "To be sure, a good deal of research must be directed toward the accumulation of basic information on the characteristics of the elderly, on the value system of our society, on the characteristics of younger populations who are to be the elderly of the future, as well as on trends and economic conditions, housing, population, transportation, labor force composition, and education." (15) Social gerontology does have an obligation to contribute material which will be useful for the formation of social policy. That Committee went on to suggest five steps which they felt were essential.

1. We must articulate with some degree of care objectives for life in old age. This framing of objectives should encompass both the long and the short range goals. These objectives would include such things as income which will be necessary to provide a certain amount of goods for decent living; income necessary to purchase services; housing of a specified quality; adequate health care and effective social centers.
2. We must distinguish among those human conditions which are fit objectives for change through applied social policies and those which are not. There is legitimate social policy which does leave some problems to the individual for them to solve, otherwise we regiment and dictate to people just what their actions might be from day to day.



3. We must assess the value system in general and the value systems of the very old, the old, the newly retired, and those facing old age. What is it that each group is seeking in life as they approach or are a part of old age and what do they expect from society?
4. We must assess the state of knowledge relative to life in old age and identify the gaps in some organized way. What are the problems which need to be researched in this area and what systematic approach can we suggest for identifying the gap and the questions that are of importance in the formation of social policy?
5. We must establish a method and system for understanding research in line for social policy and the gaps that we have identified.

I have been hearing across our nation an appeal for a national idea about aging, a new approach to social policy. Dr. John Martin, Commissioner on Aging, has suggested that it is his desire that out of the White House Conference which will be held the latter part of this month that we will discover a national policy for aging. This certainly should give us a specific sense of direction so that our efforts can be expended in ways which will be fruitful as we seek to make our contribution to the field of social gerontology.

Many programs and services which have been developed and are functioning at the present time to help meet the needs of our aged and aging population appear to be successful and have survived the lack of supporting, definitive, scientific foundations. Inventories of rather easily observable characteristics and circumstances of older people coupled with common sense approaches by those who are working in this field have enabled us to make important advances. There is much to be learned about the processes of aging, about developmental behavior during the second half of life, and about the impact of older people on the organizations and institutions of society. Most of the programs we have developed for older people have primarily been guided by a set of values held by society relative to the aged and aging. Such illustrations could be found in various types of housing programs which we have developed to meet an evident need of our older population. I am sure that most of us would agree that



the direction in which we have been moving during the past ten years for the most part has not been rationally planned. There have been responses to problems with answers found as we have followed the line of least resistance.

## Shelter

Some people get more of life's satisfactions, we are discovering, out of one kind of housing and some out of another, but, above all, housing ought to be planned so that it contributes to intimacy and friendship, and eliminates isolation. I think we say that either you give a person some intimacy or friends or he goes in a hospital.

—James A. Peterson

"I've always heard that solitary confinement is the worst form of punishment. Now I've seen what that means"

—Testimony from a Community Action Worker before the U.S. Senate Committee on Aging

*If older people live in an area that has an approaching high crime rate, then they ought to face up to some real questions.*

Is that a safe place to continue to live? Merely because they've lived there for many years and have family and other attachments, is it really desirable? I think those are hard questions for old people, but we know that their failure to face them has left many in jeopardy. Some we see come to relish fear. It's the excitement of their lives. It's the one thing they can talk about and think about. How many bolts you have on the door—not that you don't need bolts on your door, and unhappily the poorest are not going to have a door that will support a bolt. But the thing is, you cannot live a life of fear, you've got to seek happiness in life.

—Ramsey Clark

*There is no serious effort being made to meet the housing needs of older people...*

If we are really going to talk honestly—if we want to eradicate the poverty affecting the 7 million people who are over 65, it's going to be a multi-billion dollar proposition and I don't think America is ready for that. Secondly, I don't think it's able to move into housing. It hasn't been able to succeed in housing at all.

—Robert N. Butler

New winds are blowing and there is a new sense of direction as is evidenced by new developments and new problem-solving techniques within the major action areas of aging. Research is being developed to validate the ways in which we are dealing with problems related to aging. Research connotes a variety of methods which are utilized in order to acquire knowledge of the nature, etiology, and consequences of problems and evaluate the efficacy of the solutions devised. Research today ranges from surveys which collect readily obtainable information to designed experiments which seek definite answers to specific questions. If we were to ask where the action is related to aging we might immediately respond with "housing". The Welfare Administration of the Department of Health, Education and Welfare and the Public Housing Administration

of the Housing and Home Finance Agency entered into an agreement in 1963 whereby Housing for the Aged and Aging has become a primary concern and interest. In a Memorandum of Understanding signed in 1963 these two agencies agreed to initiate a program to promote and facilitate both the construction of public housing especially designed for older people and the provision of social, health, recreational, and other services to residents thereof. The aim of the program was to provide housing which would enable low income older people to meet the special social and health needs which increase with age, to afford privacy and independence, and to extend the period they are able to live comfortably and actively in the community instead of seeking accommodations in the homes of adult children or in institutions. Research problems created by this special concern are numerous, including such areas as architecture, economics, sociology, social psychology, health and community planning. It has been suggested that some of the problems in this area of concern which need to be studied in detail are as follows:

1. At what ages or stages of life do aging people become candidates for special housing?
2. Is special housing for older people, such as apartments, hotels, urban clusters, conducive to an increase or decrease in social and community participation, in self-expression and life satisfaction, in health and independence?
3. From the point of view of utilization of costs, and of isolation of the individual from the community, what services are best provided in facilities located in housing projects? Which services can be brought to the residents by outside community agencies? Which can be best provided in outside agencies facilities?
4. What proportions of socially deprived, mildly confused, or physically marginal people can be absorbed in so-called normal housing for the elderly?
5. What is the financial capacity of older households to pay economic rentals or purchase prices for adequate housing?

There are many questions related to institutional type services for the aging. Medicare and Medicaid along with Intermediate Care programs have raised many questions as to type of services needed and the whole concept of what we term "fragmentation".

I agree with Tibbitts and Shmelzer when they say that one of the most challenging areas for action in the field of aging becomes that of programming time.<sup>(16)</sup> Millions of older people are faced with finding ways in which to employ an aggregate of billions of hours of free time. Older persons find themselves released from the traditional responsibilities of early and middle adulthood which include wage earning and rearing a family. Many older people do have the inner resources to develop new interests and create new places for themselves but many more seem to be unable to find new interests and therefore become "problems" in society. Society itself has helped to create feelings of uselessness among the aging population. Today senior centers across the nation, organizations made up of older persons, some for political action, others for recreation and education, are all helping to reactivate these persons. I have a personal concern for residents living in congregate homes who have tremendous resources within themselves to help meet some of the needs of the broader social problems of the community. We have therefore developed in our facility a program wherein retirees volunteer to assist in social action programs. We are involved in an educational and training program for physically and mentally handicapped and retarded persons. The residents of the facility volunteer time to assist with these programs. I have had a feeling that the explorations which we have made relative to free time for the older American has been concentrated mostly in the concept of senior citizens. "Individual frustrations and embitterment born of individual feelings of uselessness and marginality - be they those of juvenile, ethnic groups or older people - have reverberations on the total community's welfare."<sup>(17)</sup> The search for uses of retirement is a new confrontation of American society; hence, there are many research areas which must be explored before we can proceed with confidence to extended program development. Again we face such questions as:

1. Will retirement be a time of shifting personal goals and activities or a prolonged period of withdrawal?
2. Is disengagement a natural inevitable process or a function of a culture which has few expectations for older people and limits their resources?



3. If retired people seek new activities will appeal be found in creative self-expression, education, voluntary service, recreation, spectator activities? What are the variations by age, sex, physical status, education, social class, income? Are retirees interested? Will agencies use older people? What conditions must obtain, such as nature of service and payment of expenses? What other functions can senior activity centers serve in addition to leisure time programs? Could they also provide such services as counselling, information-referral, health, education and screening or retirement preparation?

Several years ago when I was attending the Gerontological Society meeting at the Waldorf Astoria Hotel in New York City I was to meet a friend at the Plaza Hotel just across the street. As I was sitting in the lobby waiting for my friend, a very attractive older person approached me with a smile. I responded in asking her how she was feeling today. She immediately responded, "I feel like hell." This of course was somewhat of a surprise to me in her response but I immediately asked her what her problem was. She informed me that she was "bored". She then proceeded to tell me of the many retirees who were living in flats and apartments in that section of Manhattan and how they had so much time on their hands that they became depressed and uneasy. Many of the people seated in the lobby at the Waldorf Astoria and the Plaza were retirees who lived in nearby apartments. I told her I was attending the meeting of the Gerontological Society and that we were dealing with such problems and issues. She informed me that she was a retired chemist - a professional person - and that she did not have a very large pension and was not able to do many of the things that she wished that she might be able to do. I expressed my concern and the next morning shared this with a workshop group when Dr. Wilma Donahue was asking how we could do the "leg work" involved in research programs. I suggested that we had retired professionals such as the lady that I had talked to the day before whom I am sure would be happy to make interviews, etc.

That evening as I was going into the Hotel, as I was staying at the Plaze, I met the lady purchasing the paper at the front door. She spoke very graciously and asked me if I had carried her concern to the meeting. I informed her that I had and she immediately asked what the response was.



I told her how I suggested that persons such as herself could help in the implementation of research programs. I had an immediate response from her saying that this was not what she was trying to tell me. She really didn't want to become involved in a work experience but rather she was trying to tell me that she needed more money whereby she could take a taxi to the theater or share in cultural experiences which were meaningful to her. I have often times thought how this illustrates our response to older people and how many times we do not really understand what the problem is which they are facing.

I have always appreciated the formula that Dr. Edward Bortz who wrote the book Creative Aging and was president of the American Medical Association back in the mid 40s, gave regarding successful aging. I had the opportunity of visiting Lankenau Hospital in Philadelphia several years ago as a guest of Dr. Bortz for several days, in order that I might observe the team approach which they use directed to the problem of rehabilitation of the older person. Dr. Bortz suggested this formula:

$$\frac{E}{d} + M = F$$

Translated this means that Energy divided by dispersion plus Motivation equals Fulfillment. We will not take time to analyze this formula but simply state that motivation plays an important part in our concept of successful aging.

I would like for us to look at aging in terms of capacity to function physically, mentally, and socially. As we look at the aging process in these terms we do see great resources for adaptation, along with potential for independent and happy living. As is stated in the U.S. Department of Health, Education and Welfare document, Working With Older People - A Guide To Practice, Vol. 1, "The aged person is a continuing challenge. The physician and other practitioners - nurses, dentists, social workers, to name a few - must preserve what can be preserved, improve performance with symptomatic treatment and special aids, and never be discouraged because an outright cure is lacking."<sup>(18)</sup>

Thus it is easy to understand how motivation is different in the aging from what it is with either the middle age or the young. The normal ambition and competitiveness of the younger years is often times succeeded by inspection and a desire for security even a feeling of complete dependency. Older persons may not have the desire to recover from illness because recovery would signify the renewal of old problems and old struggles. Thus the goal of those who work with and for older persons is to maintain structure without major loss, to make an effort to promote ability to handle stress, and to help the older patient attain and maintain the maximum physical and mental efficiencies of which they are capable. I would like to lift out for you several suggestions made in the document, Working With Older People, as related to the suggestion that we today who work with aged are increasingly aware of the relationship between the physical and the psychological factors in the lives of aged patients;

- ....-of the impact of retirement, loss of income and prestige and dependency;
- ....-that the elderly man keenly feels the waning of strength, the lack of usefulness in society's eyes;
- ....-that the elderly woman, perhaps widowed, may be overwhelmed by her loss, conscious of fading place in her children's lives, and worried about diminished income and health;
- ....-of the impact of these anxieties on physical conditions and of physical conditions on these anxieties;
- ....-that health has a greater influence on a person's concept of himself than does age;
- ....-that personality changes and the psychological effects attributed to aging are in large measures reactions to health status rather than to chronologically determined processes alone;
- ....-that factors of class, culture, economics inhibit the patient's obtaining or using proper medical care, and that these factors of the patient's attitude toward health and aging must be understood both by the practitioner and patient;
- ....-that attitudes and definitions of health vary by social class, finances, country, culture, age, sex, occupation, and that many of these outlooks lead elderly people to accept certain symptoms and disabilities as natural or inevitable;
- ....-that the elderly patient needs assistance in sustaining a sense of worth and dignity;
- ....-that we must treat the person, not the symptom.

I would like for us to think about health as related to the aged person. We are told that the World Health Organization views health as a "state of complete physical, mental and social well being and not merely the absence of disease or infirmity." Good health has been defined by Dr. Samuel Gertman as "a state in which there is maintenance of structure without major loss, a continued ability to handle stress, in the attainment and maintenance of the maximum degree of physical and mental vigor of which one is capable." The Committee on Health Maintenance of the Curriculum Project of the Gerontological Society, defines health aging as the ability to function without more than ordinary help from others. In other words, they see it as the ability to function with, and despite, disabilities - as the capacity for adapting well.

#### **America's Medical Bill...**

America's medical bill in 1970 amounted to \$70 billion, 11 percent more than in 1969 and approaching three times the amount 10 years ago (\$26 billion in 1960).

Of the growth in medical expenditures in the last decade, fully 60 percent can be attributed to inflation—not additional or better health services.

Since 1960, medical costs have gone up twice as fast as the cost of living; hospital costs five times as fast.

*In the two year period ending June 30, 1969, health expenditures for the aged rose to 42.2 percent, twice as fast as expenditures for younger people.*

—Developments in Aging 1970  
A report of the Special  
Committee on Aging,  
United States Senate

*Many of us in medicine, including the medical faculties, have taken what is acute, interesting, exciting and high cost and left what was chronic and not so interesting—the dismal social problems, the grinding issues—to everybody else. In the field of medicine, the health field has got to revise its practices and its traditional ways of delivering health services to accentuate lower cost service, the social issues and social roots of disease. We, in medicine, should be in the forefront of fighting for better income for elderly people and for revision of Social Security. I think that we are in a watershed era in this country right now. We are in a slack tide, but this next decade is going to see much more emphasis on these things.*

—John H. Knowles, M.D.

It is clear that we have to move on past Medicare.

—Robert J. Havighurst

Practitioners - those from various disciplines who work with the aged and aging may have misleading ideas about our aged population. Many of them deal with older adults at a time of crisis when the dependency needs of the older person are great. Practitioners often times fail to see the possibilities for growth and development that exist in older adults. I am sure that all of us could lift out illustrations where professionals have failed to see the potential within the older person to be rehabilitated or to live a normal life. I will share with you some suggested misconceptions which practitioners sometimes hold and see how you might respond to them. Some of these misconceptions are as follows:

1. Most old people live in institutions....
2. All older people are alike....
3. Most aging persons are sick, friendless and without resources....
4. Most older adults are handicapped by chronic disease....
5. Most older people lose contact with their families....
6. Most older people are not able to make their own decisions....
7. Old age is second childhood....

There are many others that we could probably add to this list but these will suffice to accentuate a particular concern of mine in changing stereotypes and misconceptions about aging and aged.

Many Gerontologists are encouraged with the implementation of the team concept in concern and care for our aged and aging. The "team" includes not only those who touch directly the lives of the older person but those who indirectly have some responsibility to the older person. We think of those who have primary responsibilities such as the physician, the social worker, housing personnel, administrators, recreation workers, retirement counsellors, ministers, and specialists in health care fields. There are others who have an indirect responsibility to the aging and aged such as the druggist, the banker who handles their money or the trust officer, the man in the shoe store who has the responsibility to be sensitive to their particular needs for comfort in that area. Then there are the many other persons who touch the lives of the older people such as the bus driver who can encourage, by a



friendly smile or a cheery word, the clerk in the store and those people who have intermittent experiences with them. This, of course, would include the mailman who would have a rather important relationship with the older person on a day to day basis.

Dr. E. Frank Ellis who is the Director of the Department of Public Health and Welfare for the city of Cleveland, Ohio, speaking at the meeting of the National Council on Aging in St. Louis, Mo. in September of this year, made a suggestion related to the special needs of older people who remain in the community. (19) He spoke of a group which he called "Gatekeepers" and defined them as a person other than a health practitioner who is apt to hear informally about another person's concern over health and who at the same time is in a position to pass to potential patients information about sources of health care. In the instance of home bound elderly, ministers, postmen and pharmacists are natural gatekeepers. He told how in Cleveland the postal union express real interest in assuming the function as a public service. In this approach the Gatekeeper is seen as a pivot between patients and the health care systems. His potential role is viewed as three-fold:

1. to serve as a channel of communication
2. to direct or refer potential patients to entry points in the health care system
3. to direct health personnel to potential patients who have indicated an interest in receiving services but who, for any number of reasons, are not now participating in the health care process.

In this role the Gatekeeper is not seen as an advisor in regard to health problems or method of treatment. This role, stated Dr. Ellis, even though it presently is being assumed by some Gatekeepers, should be actively discouraged. Instead, one function of the Gatekeeper could be to serve as an interpreter. The Gatekeeper thus acts like a relay station in interpreting the population group being served to the health purveyors and the health programs and systems to the home-bound elderly. Like an antenna, the Gatekeeper can alert health personnel to a growing problem of retirees in a neighborhood. So, too, the Gatekeeper can help health personnel to better understand cultural patterns which effect health care habits of the aging, such as indifference to

preventive services or ignorance of symptoms. The Gatekeeper can reverse the process and tell elderly persons in the neighborhood about efforts on the part of providers of health services to adapt to their needs and to stimulate an interest in health care.

He went on to say that another function might well be to identify persons who might be in need of assistance. For example, a postman going about his daily delivery becomes well acquainted with a neighborhood. He sees and converses with many people, and inevitably becomes familiar with peoples habits. He may be the first to recognize something is wrong when an elderly person does not appear for a daily exchange of pleasantry or mail accumulates unexplainably. A call to a public health nurse may well be advisable. A Gatekeeper might function as an appointment agent. A man might well complain to a pharmacist about some ailment while buying some incidental item. The Pharmacist at that point easily could help the purchaser make contact with a source of health care. The Gatekeeper might be interested in help, alert to the possible contribution they can make, and aware of the potential dangers of exceeding their defined roles. The Gatekeepers must be well acquainted with resources, their structure and services available. There would need to be consistent followup on the suggestions and leads of the Gatekeepers and there would need to be feed-back to the Gatekeepers on the effectiveness of their role, not in terms of a patient's diagnosis but in terms of general changes in use of services and improvements in the communities health care status.

The team concept in health care is finding more and more tangible expression because it reflects the reality of the situation and the needs of all human beings, but particularly the aged.

The rehabilitation team is a dramatic example of how the knowledge and skills of many different disciplines are harnessed toward a single goal of restoring a disabled individual to maximum function. Maximum function is measured as much in terms of social and psychological functions as in terms of physican function. The health care team integrates the skill of the physician, the visiting nurse, the homemaker, the dentist, the physical therapist, the

social worker, and/or others. Senior centers and recreation centers are becoming centers of total concern for the total needs of the aged person. These are suggested principles for practitioners from various disciplines working with aged and aging.

1. The practitioner should understand the inter-relatedness of the aged person and his environment.
2. The practitioner should look at the whole person - medically, psychologically, socially - and not just at symptoms.
3. He should establish goals: to restore the sick to health, to help the individual function at his best. These goals are not only needed for the aged individual; they are necessary for the practitioner who will otherwise feel frustrated.
4. He should establish different goals for different individuals in different situations.
5. His basic goal should be treatment of specific diseases as well as to help maintenance and promotion.
6. He should utilize the full range of the community's health and social services in an integrated approach. He will recognize that every health practitioner will have a contribution to make.
7. To obtain optimal, physical, mental and social well being, and the individual should strive to improve his own health, practitioners should provide skill in guidance, and society should offer the settings for organized health activity.

Communities need to offer a variety of alternatives to match the variety of individual needs among our aged and aging population. Without variety a real choice is absent for the older person. An example, an aged person would have no real choice whether he is to remain at home rather than to live in an institution if services are lacking for home care, including homemakers, visiting nurses, home medical care and portable meals. A number of community development programs have been established through the assistance of funds through the Older Americans Act. These programs have simply touched the surface in relationship to the responsibility of meeting the real needs of our older population. Priorities have had to be developed in communities to discover which services were most needed and how they could be funded and implemented. Community planning must consider goals and circumstances in the design of specific services.

We have just begun a program in Morgan County, Indiana through assistance of funds under Title III wherein we are going to make an effort to discover how the services available in a congregate home and geriatric service unit can help meet the real needs of the older person in the total population of a county. We too, will have to establish priorities as we discover the real needs. It may be that we will discover that the Meals on Wheels program should have first priority or it may be that home health aid services or home services wherein we can assist with housekeeping and the purchase of supplies such as groceries of older persons limited because of transportation of physical handicaps will need to be met. Services should be designed which will permit the older person to participate in community life, utilize his capabilities in ways recognized as socially worthwhile and which will assist the older person to adjust to social roles.

We as practitioners related to various disciplines need to help bridge the gap between the community and the individuals. Services should be comprehensive and should include prevention, early diagnosis and treatment and rehabilitation. I would like to share with you 15 suggestions for specific vehicles for health maintenance for our older population:

1. Diagnostic centers
2. Geriatric hospital facilities including daytime nonresident care
3. Hospitals with ambulatory and home-care programs.
4. Nursing and convalescent homes.
5. Visiting nurse programs.
6. Programs lending hospital equipment for home use
7. Vocational rehabilitation and counseling services.
8. Physical rehabilitation units
9. Homemaker, friendly visitor, meals-on-wheels and other home services.
10. Housing projects and placement facilities including listing of good quality foster homes, nursing homes, and a variety of public and private dwellings.
11. Programs for financial assistance, income-maintenance and employment opportunities
12. Information and referral services that tell the individual where to obtain legal, family, recreation, and welfare help.
13. Counseling services in mental health and family needs
14. Leisure time facilities and programs.
15. Public health clinics and other facilities offering health information, screening and immunization programs, and safety and accident prevention programs.



The growing aging population does confront society with many difficult problems. Solutions can be found for these problems as it is certainly not beyond the capabilities of our human and scientific technology or beyond our financial capacity. I agree with those who have said that a society that attacks with self assurance the problems related to living in such hostile environments as the bottom of the sea and outer space has the know-how and the means to solve the problems of the known environment of its own community <sup>(20)</sup>. A society which is learning with whatever difficulty, the basic human value of loving one's neighbor regardless of race, color or creed can and should learn to love its neighbor regardless of age. A society which has developed its communications and systems of education to give its citizens as a nation a self image of leadership in the world and has given its youth a self image that the future is theirs can and should give to its older citizens a self image of worth and belonging. A society which has learned to "individualize" the countless particles of the atom, to "individualize" all of man's knowledge, surely such a society can learn to individualize the needs of its aging citizen and to accept these aging citizens themselves as individuals.

Dr. Morris E. Linden said some 12 years ago that the need to foster the functional integrity of older people, to promote a personal dignity, independence, and sociability, and to practice physical and mental health maintenance is leading to program reforms throughout the country. <sup>(21)</sup> He went on to say that the changes then taking place were the result of recent researches, education of the public, revision of official standards, and improved communication between gerontological experts and institutional administrators. He further suggested that perhaps the key concept that lies at the base of program reforms was the increasingly realization that the psychosis of this senium are not the inevitable and inexorable resultants of biologic events in the later years. He stated that there are presumptive findings being validated by ongoing researches that demonstrate the value of furnishing specific supplements for the defined needs of the elderly in order to prevent many of the psychologic and physiologic ailments hitherto considered unavoidable.

Our friend and colleague, Dr. Donald Kent, has said, "The fact remains that for many Americans, old age is a time of harvest, of contentment, of satisfaction. That it is not so for all, is only partially a fault of the social structure - obviously other factors are operative."<sup>(22)</sup> Simmons has written, "the secret of success for anyone facing a long life... is to find for himself a suitable place in his society in which to age with grace and usefulness, and to participate tactfully and fully up to the very end if at all possible."<sup>(23)</sup>

Three thousand delegated will converge on Washington, D.C. to participate in the White House Conference on Aging in three weeks. They have been commissioned to produce a design for achieving a satisfying future for all aged and aging Americans. In the Administration on Aging Publication, Invitation To Design a World...Second Reader, we are challenged to help bring about "an ideal world."

The ideal world would be where:

\*\*\*every older person would have enough income to pay for nutritious food, a comfortable home, the clothes he needed, transportation when he needed it, medical care and medicines, and participation in the total life of his community. This document suggests that society may be able to begin building an ideal world where everyone has an adequate income by identifying what "adequate" is. Should society provide the income needed by older people and then protect this income against inflation, or should low income be compensated for by subsidizing service? (Medicare, Medicaid, Rent supplement, etc.)

\*\*\*older people who wanted and were able to work would be able to find a job. An alternative to the emerging pattern of early retirement has been suggested. Leisure or free time which results from increased national production could be spread throughout the work life. This would involve shorter work weeks and time out for travel and/or education.

\*\*\*everyone would be able to eat as much of the proper foods as he needed. There are many reasons why the diets of older people may be

lacking in essential nutrients -- poverty, transportation, dental needs, isolation and special need.

\*\*\*older people would be able to get the medical care they needed, when they need it, at a price they could afford. Such care would include preventive measures, treatment when needed, various types of services with rehabilitation as constant goal.

\*\*\*older people would have a number of choices of where to live and how much to spend. Under the low-rent public housing programs, 287,000 units for the elderly have been completed; for middle income older people 33,000 units accommodating 45,000 persons have been completed under the Federal direct-loan program and 10,000 more units will soon be completed. Another 2,300 have been built with rural housing loans. For the more affluent, 40,000 units have been built under the mortgage insurance program. This is but a token response to a need where eight million older persons are poor or near poor.

\*\*\*transportation to stores, clinics, clubs and other community activities would be available to all older persons. Only about 40 percent of those over 65 years of age have drivers licenses. There are answers to these problems and we need to help in their discovery.

\*\*\*older people would have a definite place and status - - a feeling of still being useful, needed and counted. In 1964 there were 334 multi-purpose senior centers open several days a week. In 1969 a survey revealed 1,200 such centers in operation.

\*\*\*each individual would be able to find education tailored to his needs any time during his lifetime.

\*\*\*all older people would have meaningful roles and they would be assured of fulfillment and a satisfying old age. Maintaining spiritual well-being is particularly hard for old people.

\*\*\*to make a better world for older people, systematic planning is necessary. Some 20 Federal Agencies have statutory authority for

programs and services for older people. We need a concerted effort to assure that the needs of our older citizens are met.

\*\*\*we must have the resources, the facilities, programs and services to meet the needs of older persons. This will require the coordination of the efforts of voluntary and governmental agencies.

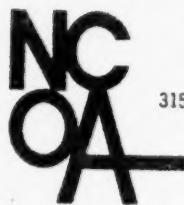
\*\*\*we must have skilled and motivated people to provide services and administer programs. We must have many more persons trained to deliver specialized services and training programs to prepare such personnel.

\*\*\*research and demonstration are needed to determine the best methods for improving the world for older people and to help us forecast how many people may exist in that future world. Based on annual Federal expenditures of some two billion dollars for health and welfare programs for older people, the current research investment in aging is about .2 per cent.

It has been suggested that every speaker advocating truth should adjure his hearers as did Socrates his in Athens. "If you will be persuaded by me, pay little attention to me, but much more to the truth, and if I appear to you to say anything true, assent to it, but if not, oppose me with all your might, taking good care that in my zeal I do not deceive both myself and you, and like a bee depart, leaving my sting behind." A decade later, his pupil, Plato, softened this a bit and these words are applicable today; "Truth is the beginning of every good thing, both in heaven and on earth; and he who would be blessed and happy should be from the first a partaker of truth, for then he can be trusted."



# The National Council On The Aging



315 PARK AVENUE SOUTH, NEW YORK, N. Y. 10010  
AREA CODE 212 / 777-1900

October 3, 1967

Dr. W. Dean Mason  
Executive Administrator  
Geriatric Service and Research Unit  
Kennedy Memorial Christian Home  
210 West Pike Street  
Martinville, Indiana

Dear Dr. Mason:

Thank you for your invitation to attend the dedication observances for the Geriatric Service and Research Unit. I am sorry that a very heavy schedule here prevents my attendance.

I want to take this opportunity to congratulate you, on behalf of the National Council on the Aging, on the establishment of this new Unit and on the Home's ten years of successful operation.

With kindest regards,

Sincerely yours,

A handwritten signature in cursive script that reads "Geneva Mathiasen".

Geneva Mathiasen  
Executive Director

President  
GARSON MEYER

Vice Presidents  
HOBART C. JACKSON  
EDWIN F. SHELLEY  
CECIL G. SHEPS, M.D.

Secretary  
DR. JUANITA M. KREPS

Treasurer  
ALEXANDER ALDRICH

Executive Director  
MRS. GENEVA MATHIASSEN

THE NATIONAL CITY CHRISTIAN CHURCH

*Thomas Circle*

WASHINGTON, D. C. 20005

GEORGE R. DAVIS, D.D., LL.D.  
MINISTER

FLOYD S. SMITH, B.A.  
ASSOCIATE MINISTER

JOHN T. MINANT, B.D.  
MINISTER OF CHRISTIAN EDUCATION

LAWRENCE P. SCHREIBER, S.M.M.  
MINISTER OF MUSIC

September 27, 1967

Dr. W. Dean Mason  
Executive Administrator  
Kennedy Memorial Christian Home  
210 West Pike Street  
Martinsville, Indiana 46151

Dear Friends:

Speaking for the National City Christian Church and the National City Corporation, I would like to express congratulations on your achievements, and particularly on the dedication services to be held October 2 through 9. I wish some of us could attend, but in our absence, please accept this brief note as an expression of our deep interest.

Sincerely yours,

*George Davis*  
George Davis



## American Association of Homes for the Aging

The national membership organization of nonprofit voluntary and governmental homes for the Aging

315 PARK AVENUE SOUTH  
NEW YORK, NEW YORK 10010  
Telephone: 212. 777-1900

October 4, 1967

Dr. W. Dean Mason, Executive Administrator  
Kennedy Memorial Christian Home  
210 West Pike Street  
Martinsville, Indiana

Dear Dr. Mason:

It is with regret that I must decline your kind invitation to attend the dedication services of your new Geriatric Service and Research Unit on Sunday, October 8.

I am happy, however, to take this opportunity to pay tribute to you and your Board for achieving yet another milestone in the progress of Kennedy Memorial Christian Home. This unusual emphasis on the total needs of the older person, characterizes the new concept of the Home for the Aged of the future and we commend you heartily for your vision and determination.

Please accept my warmest wishes for the future and my regrets that I cannot be with you on this noteworthy occasion.

Sincerely,

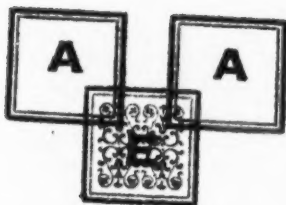
Lester Davis  
Executive Director

LD:sm

SIXTH ANNUAL MEETING and CONFERENCE • OCT. 30—NOV. 4, 1967 • Regency Hotel • Atlanta, Georgia

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October 5, 1967

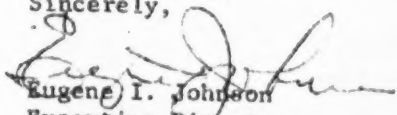
Dr. W. Dean Mason, Executive Administrator  
Kennedy Memorial Christian Home  
210 W. Pike Street  
Martinsville, Indiana 46151

Dear Dean:

May I extend sincere congratulations on the opening of the Kennedy Home's new Geriatric Service and Research Unit. All of us in AEA are proud of the leadership you have demonstrated in this field, and we know that the work of this new Unit will be crowned with the same success that the Kennedy Memorial Home itself has long enjoyed.

I am sorry I cannot be with you on Sunday for the formal dedication of the new Unit. Please extend my best wishes to William Fitch, Dr. Orval Peterson, and all those who will be there for the happy occasion.

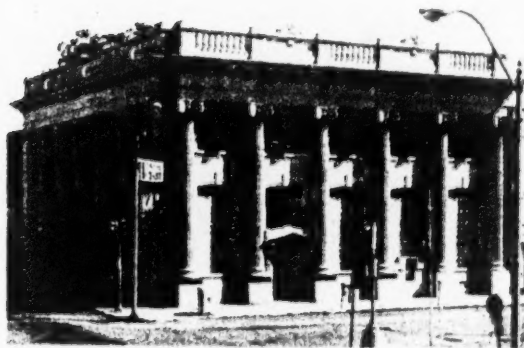
Sincerely,

  
Eugene I. Johnson  
Executive Director  
ELJ:mkb



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